



# DOWNTOWN OAKLAND SENIOR CENTER

200 Grand Ave ▪ Oakland, CA ▪ 94610 | (510) 238-3284 | dosc@oaklandca.gov  
 Website: <https://www.oaklandca.gov/topics/downtown-oakland-senior-center>

## MEMBERSHIP REGISTRATION - \$12.00 ANNUAL FEE

*All information provided is used for member communication or in the event of an emergency.*

PERSONAL INFORMATION (PLEASE PRINT)				
First Name	MI	Last Name		
Do you have a different name you prefer?				
Mailing Address	Apt #	City	State	Zip
Home Phone: ( )	Cell Phone: ( )	Birthdate (mm/dd/yyyy):		
Email: @				
1 <sup>st</sup> Emergency Contact		2 <sup>nd</sup> Emergency Contact		
Name:		Name:		
Relationship:	Phone	Relationship:	Phone:	
In the event of an emergency are there any medical conditions we should be aware of? (Heart conditions, allergies, etc):				
Hospital Preference:	Do you need an access or functional needs accommodation? (ex: wheelchair, caregiver, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list</i>			
Language <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other				
DEMOGRAPHICS: <i>Used only for statistical reporting or grant applications.</i>				
Race/Origin: Check all that apply				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino/a/x	<input type="checkbox"/> Declined/Not Stated		
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender Non-binary	
	<input type="checkbox"/> Male	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Declined-to-State	<input type="checkbox"/> Other: _____
DO YOU RECEIVE MEDI-CAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU RECEIVE MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual Income	<input type="checkbox"/> \$0-25k	<input type="checkbox"/> \$26k-35k	<input type="checkbox"/> \$36k-45k	<input type="checkbox"/> \$46k-60k <input type="checkbox"/> \$61k-75k <input type="checkbox"/> \$76k-90k <input type="checkbox"/> \$90k +
VOLUNTEER OPPORTUNITIES				
Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Interests:</i> <input type="checkbox"/> Travel <input type="checkbox"/> Special Events <input type="checkbox"/> Reception <input type="checkbox"/> Lunch Program <input type="checkbox"/> Consignment Shop				
MEMBER'S SIGNATURE:			DATE:	
<i>By my signature, I acknowledge that I have read, understand, and agree to the City of Oakland Code of Conduct, Covid Health Waiver, and DOSC Parking Policy and Procedures.</i>				
***FOR OFFICE USE ONLY***				
Step 1: Costs		Step 2: Payment Options		Step 3: MySeniorCenter (MSC)
MEMBERSHIP	\$ 12.00	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK: _____		KEY TAG #
PARKING PERMIT	\$ 8.00 <i>Optional</i>	<i>Made payable to: City of Oakland</i>		PARKING PERMIT & EXP
DONATION	\$	Tax Deductible Donations made payable to: OPRF		LICENSE PLATE #
TOTAL DUE	\$	Rcvd BY:	DATE:	MSC COMPLETED: (INITIALS & DATE)