



# 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.*

<b>PERSONAL INFORMATION (PLEASE PRINT)</b>				
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: @				
<b>1<sup>st</sup> Emergency Contact</b>			<b>2<sup>nd</sup> Emergency Contact</b>	
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"/> Vietnamese <input type="checkbox"/> Amharic <input type="checkbox"/> Tigrinya <input type="checkbox"/> Other				
<b>DEMOGRAPHICS: <i>Used only for statistical reporting or grant applications.</i></b>				
<b>Race/Origin: Check all that apply</b>				
<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		
<b>Gender</b>	<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 +				
<b>VOLUNTEER OPPORTUNITIES</b>				
Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Interests: <input type="checkbox"/> Travel <input type="checkbox"/> Special Events <input type="checkbox"/> Reception <input type="checkbox"/> Lunch Program <input type="checkbox"/> Consignment Shop <input type="checkbox"/> Other				
<b>MEMBER'S SIGNATURE:</b>				<b>DATE:</b>
<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>				
<b>***FOR OFFICE USE ONLY***</b>				
<b>Step 1: Costs</b>		<b>Step 2: Payment Options</b>		<b>Step 3: MySeniorCenter (MSC)</b>
MEMBERSHIP	<b>\$ 12.00</b>	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK: _____		KEY TAG #
PARKING PERMIT	<b>\$ 8.00</b> <i>Optional</i>	<b>Made payable to: City of Oakland</b>		PARKING PERMIT & EXP
DONATION	<b>\$</b>	Tax Deductible Donations made payable to: OPRF		LICENSE PLATE #
TOTAL DUE	<b>\$</b>	Rcvd BY:	DATE:	MSC COMPLETED: (INITIALS & DATE)