



# Membership Application Form

Date: \_\_\_\_\_

Location:  Baldwin Hills  Westside

(Please Print)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/19\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Residence Address: \_\_\_\_\_  
*Please include all information, including apartment number, if applicable. (P.O. Boxes **NOT** Accepted)*

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

May we send updates by email?  Yes  No

Picture ID is required for ALL accepted memberships. (i.e. valid driver's license, passport or Calif. ID) For Santa Monica residents (new or renewing), an additional proof of residency is needed. (i.e. current utility bill, phone bill) Bring ORIGINALS, and copies will be made by staff at no charge.

Emergency Contact Name (Last, First) \_\_\_\_\_

Home (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_ Relationship \_\_\_\_\_

Gender  Male  Female Veteran?  Yes  No Living Arrangements:  Alone  Not Alone

Disability  Yes  No (if yes, describe disability) \_\_\_\_\_

Were you referred by an agency? (if yes, note agency name) \_\_\_\_\_

Ethnicity:  African American  Asian or Pacific Islander  Latino  White (Anglo)  
 Middle Eastern  Multiple Race/Ethnicity  Other \_\_\_\_\_

Language Speaking Capability: (check all that apply)

English  Spanish  Cantonese  Mandarin  Japanese  Farsi  Korean  Russian  
 Tagalog  American Sign Language  Other \_\_\_\_\_ Primary Language: \_\_\_\_\_

My income is between \$0 and \$23,106 per year (\$0 - \$1,925.50 per month):  Yes (Low Income)  No

How did you hear about Oasis?  Catalog  Family  Friend  Newspaper  Presentation  Internet  
 Direct Mail  Walk-in

Volunteer Information: Are you interested in volunteering with Oasis?  Yes  No If YES, please note interests:  
 Office/Administrative  Registration  Data Entry  Instructor/Speaker  Community Outreach  Program Committee  
 Travel Committee  Special Events  Tutor (K-4)

Annual 12-Month Membership Fee: \$20 (\$10 for Santa Monica residents with proof of residency).

PAYMENT  Cash  Check (Payable to Los Angeles Oasis)  Credit Card (accepted at time of processing)

Amount \$ \_\_\_\_\_ NOTE: Payment will not be processed until application has been approved for membership.

I certify that the information I provided above is true.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\* If you are of limited financial circumstances, there is a scholarship available. Please see Los Angeles Oasis staff for form.

### OFFICE USE ONLY

Complete App Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Card Given Date: \_\_\_\_\_ Card #: \_\_\_\_\_ Oasis ID: \_\_\_\_\_ MSC ID: \_\_\_\_\_



## **Acknowledgement of Receipt and Agreement to the Policies of Los Angeles Oasis**

Your signature below indicates that you have been given the following policies from a WISE & Healthy Aging staff:

### **Policies**

1. Code of Conduct
2. Consequences of Inappropriate Behavior
3. Grievance Procedure
4. Photo & Filming Release
5. Release, Waiver of Claims, Hold Harmless Indemnification and Assumption of Risk

I acknowledge receipt of the above policies, and agree to the terms of each policy.

\_\_\_\_\_  
Participant's printed name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

.....  
**For Office USE** (please PRINT clearly)

Member's Membership Swipe Tag Number: \_\_\_\_\_

Date Photo Taken: \_\_\_\_\_

Staff's Name Who Completed New Member Packet Process: \_\_\_\_\_

Date Information Entered into System \_\_\_\_\_



## **Code of Conduct**

- Participants are required to record attendance for programs or activities by “signing in” with his/her membership swipe tag or signing in on the roster for each activities and programs that she/he participates in.
- Disruptive behavior is prohibited. Any participant whose activity, personal conduct or physical condition is disruptive to the legitimate use of Los Angeles Oasis may be subject to sanctions. Disruptive or inappropriate behavior may include (but is not limited to):
  1. Verbal or physical aggression, sexual harassment, or stalking.
  2. Use of language that is obscene, abusive, threatening or derogatory to others.
  3. Being under the influence of alcohol or drugs or being in possession of alcoholic beverages, unauthorized substances, or illegal drugs
  4. Being in possession of weapons of any kind
  5. Person with deteriorated personal hygiene that presents a health or safety hazard to others
  6. Persons who constitute a clear and present danger to the center participant, staff or volunteers
  7. Participation in any illegal activities while on the property is prohibited.
  8. Solicitations by any person, agency or company for private gain are prohibited.
  9. Any form of gambling or gaming on property is prohibited.
- Harassment or discrimination on the basis of race, gender, sexual orientation, age national origin, religion or disabling condition is not tolerated.
- Stealing, damaging, or destroying property at the center and/or participants property is prohibited.
- Accessing pornographic materials via the Internet and/or being in possession of pornography on center property is prohibited.
- Notices cannot be posted or distributed on the premises except in accordance with a center-sponsored events.
- WISE & Healthy Aging/Los Angeles Oasis does not assume responsibility for loss or damages of any personal property at the Center and/or on outings/excursions.
- Appropriate behavior including courtesy and respect for others is expected of Los Angeles Oasis members while at the Center as well as on any other WISE & Healthy Aging/ Los Angeles Oasis related outings/excursions.

## **Consequences of Inappropriate Behavior**

Anyone engaging in inappropriate behavior or failing to abide by the “Code of Conduct” (given to each member) of participation, including the City of Santa Monica’s ordinance for rules of conduct, will be subject to any or all of the following actions:

1. If appropriate, referral to organization(s) or agency(ies) for assistance with needs or issues
2. If the behavior causes concerns of safety, the City of Santa Monica Police Department will be called upon for assistance in response to dangerous and/or threatening circumstances or behavior. Such serious behavior may lead to immediate suspension or termination of membership.
3. At the first occurrence of inappropriate behavior, verbal discussion/counseling will take place between WISE & Healthy Aging/ Los Angeles Oasis staff and the participant

At the second occurrence of inappropriate behavior, another verbal discussion/ counseling will take place between WISE & Healthy Aging/Los Angeles Oasis staff and the participant, followed with a written warning issued to the participant from program director. Subsequent occurrences may lead to suspension or termination of membership (such decisions will include input from the Los Angeles Oasis Members Advisory Council)

## **Grievance Procedure for Club Members**

This policy explains the grievance procedure for clients, volunteers, and outside parties which do business with Los Angeles Oasis and WISE & Healthy Aging with the exception of the Long-Term Care Ombudsman (LTCO) Program and Mental Health Services. *The grievance procedure for the LTCO Program can be requested from the Ombudsman Program Director. The grievance procedure for the Mental Health Services can be requested from the Mental Health Services Director and is provided at the time of intake.*

At the start of a mutual agreement for service, a WISE & Healthy Aging representative will review this grievance procedure with the Los Angeles Oasis member. All members receive a copy of this policy, and sign an acknowledgment of receipt of this form (see Acknowledgment of Receipt of Member Information Forms). A member who has a concern or problem regarding the services rendered, may resolve them by following the steps below. Relatives and other representatives may submit a grievance on behalf of a member.

**All grievances to any program will be given immediate attention and will be responded to within three (3) working days.**

A copy of this policy is posted in visible locations on the premises and has been provided to each Los Angeles Oasis member.

### **I. Grievance Procedure**

1. If an individual has a concern or complaint, an attempt will be made to resolve the issue with the WISE & Healthy Aging representative in a prompt and professional manner at the participant/representative level. This includes confidentiality provisions to protect the complainant's privacy.
2. If at this time, the individual believes that the matter has not been resolved, then the individual may request that the representative's supervisor resolve the matter. The supervisor will contact the participant within three (3) working days from receipt of the grievance, discuss the situation and seek a resolution.
3. If the individual believes the resolution at the supervisor's level is unacceptable, then the individual may bring the matter, in writing, to the attention of the program head or Human Resources department. The program head or Human Resources department will contact the individual within three (3) working days from receipt of the grievance, discuss the situation and seek a resolution.
4. If the individual believes the resolution at the program head's level is unacceptable, then the individual may bring the matter to the attention of the President and CEO. The President and CEO will reach a decision and respond to the issues raised within 3 working days from receipt of the grievance. Written notification will be provide to the complainant with the results of the review.

### **II. Copies of Grievances Filed**

Participants and their representatives who file a grievance may obtain a copy of their complaint within the same year filed by writing to Attention: Human Resources, WISE & Healthy Aging, 1527 4th Street, 2nd Floor, Santa Monica, CA 90401 or calling: (310) 394-9871, ext. 438.

## **Photo & Filming Release**

I hereby consent to the photographing, recording and reproduction in any other manner (including the use of film, video and audiotapes) of the likeness, voice and/or activities as a member of Los Angeles Oasis, and further authorize WISE & Healthy Aging, its agents or assign, to make unlimited use of such reproduction, including but not limited to broadcasting of the reproductions over radio, television, print and or the internet. I do understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless WISE & Healthy Aging its officers and employees any claims.

## **Release, Waiver of Claims, Hold Harmless Indemnification and Assumption of Risk**

In consideration of the my participation in the programming/activities for which I have registered, I waive release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that programming or activity. This discharges in advance WISE & Healthy Aging/Los Angeles Oasis, its employees and other agents from liability even though that liability may arise out of their negligence.

I know that the programming/activities involve a risk of accidents, and I willingly assume the risk. For physical activities that I sign up for, I take responsibility that I have cleared with my physician my ability to participate. This waiver, release and assumption of risk are binding on my heirs and assignees.

For any outings/excursions that I attend, I am aware that such trips may involved transportation; overnight accommodations; entertainment; meals; amusement facilities; tours; shopping areas; and exposure to such elements as heat, rain, cold and other unforeseen hazards. If I require emergency medical treatment for any reason while participating in these events, I authorize WISE & Healthy Aging/Los Angeles Oasis staff to provide necessary first aid and if needed, to arrange for emergency transportation and admission to any licensed medical facility in the event I am unable to admit myself. I understand that emergency medical services are at my expense. I further understand that if I am not on time at specified departures for trips (going to and/or returning from), that I will be responsible for making my own arrangements thereafter, at my own expense.