



Membership Application Form

Date: _____ New Renewal

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: _____

Picture ID is required for ALL accepted memberships. (i.e. valid driver's license, passport or California ID)

Emergency Contact Name (Last, First) _____

Home (____)_____ Cell Phone: (____)_____ Relationship _____

MEMBER INFORMATION

Gender Male Female Transgender **Veteran?** Yes No **Entertainment Industry Member**

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 Capabilities: (check all that apply) **Primary Speaking Language:** _____

English Spanish Mandarin Japanese Farsi Korean Russian Other _____

My income is between \$0 and \$23,700 per year (\$0 - \$1,975 per month): Yes (Extremely Low Income)

Marital Status Married Divorced Single Widowed Partnered **Living By Myself:**

Educational Level Grade School High School Some College College Degree Post-Graduate

Current/Previous Occupation _____ **SM Emeritus College Member** Yes No

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

Volunteer Information: Are you interested in volunteering with Oasis? Yes No If YES, please note interests:
 Office Registration Data Entry Instructor/Speaker Outreach Program Development Travel Buddy Tutor

PAYMENT INFORMATION

Annual 12-Month Membership Fee: \$20 (\$10 for Santa Monica residents with proof of residency) **\$22 for credit card payment**

I want to receive my Oasis Catalog by: (check one) Pick up at Center Mailed to me (**\$10 annual fee**) Email

Payment: Cash Check (Payable to Los Angeles Oasis) Credit Card (<https://los-angeles.oasisnet.org> or fill out enclosed form)

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

I certify that the information I provided above is true. **Please send updates by email?** Yes No

Signature: _____ **Today's Date:** _____

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

OFFICE USE ONLY

Received By: _____ Date: _____ Oasis Card #: _____ Oasis ID: _____ MSC ID: _____



Acknowledgement of Receipt of Membership Information Forms

Your signature below indicates that you have received the following forms, and they have been reviewed with you by a WISE & Healthy Aging staff:

FORMS

1. Notice Los Angeles Oasis Code of Conduct
2. Consequences of Inappropriate Behavior
3. WISE & Healthy Aging Grievance Policy
4. Authorization for Photographs & Filming and Release of Liability

I acknowledge receipt of the above items, and agree to the terms.

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

Los Angeles Oasis (Westside) is housed in the Ken Edwards Center, a building of the City of Santa Monica. The City's ordinance for rules of conduct must be adhered to by all those who receive services in the KEC. In addition, the following are to be followed . . .

- Participants are required to record attendance for programs or activities by “signing in” with his/her membership swipe tag 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 (includes misuse of the public restrooms).
- 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 or City of Santa Monica programming and/or events.
- WISE & Healthy Aging/Los Angeles Oasis does not assume responsibility for loss or damages of any personal property at the KEC and/or on outings/excursions.
- Appropriate behavior including courtesy and respect for others is expected of Los Angeles Oasis members while at the Ken Edwards 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 Acknowledgement 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.