



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 st Emergency Contact			2 nd 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"/> Vietnamese <input type="checkbox"/> Amharic <input type="checkbox"/> Tigrinya <input type="checkbox"/> Other				
DEMOGRAPHICS: <i>Used only for statistical reporting or grant applications.</i>				
Race/Origin: <i>Check all that apply</i>				
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino/a/x <input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined/Not Stated
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Transgender <input type="checkbox"/> Genderqueer		<input type="checkbox"/> Gender Non-binary <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				
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				
MEMBER'S SIGNATURE:				DATE:
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.				
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>	Made payable to: City of Oakland		PARKING PERMIT & EXP
DONATION	\$	Tax Deductible Donations made payable to: OPRF		LICENSE PLATE #
TOTAL DUE	\$	Rcvd By:	DATE:	MSC COMPLETED: (INITIALS & DATE)