



# PINOLE SENIOR CENTER

## NEW MEMBER APPLICATION

2500 Charles Avenue, Pinole 94564 | (510) 724-9800 | scgquest@ci.pinole.ca.us

**2024 MEMBERSHIP REGISTRATION** (*Expires December 31st, 2024*)

**Ages 50-84: \$30.00 ANNUAL FEE** (*\*Membership Fee is NON-REFUNDABLE\**)

**Ages 85 and older: FREE**

ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE USED FOR STATISTICAL REPORTING

### Participant Information (PLEASE PRINT)

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: (*Please Circle*) Male Female Declined/Not Stated

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ ☐ Check if you would like to receive email communication from the Pinole Senior Center

How would you like to receive the monthly newsletter?  
(*Please select one option*)

E-Mail \_\_\_\_\_ Mail \_\_\_\_\_

Race/Origin: (*Circle all that apply*)

American Indian/Alaska Native

Asian

Caucasian

Native Hawaiian or Pacific Islander

Caucasian

Black/African American

Hispanic/Latino

Other \_\_\_\_\_

Language: ☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Tagalog ☐ Other \_\_\_\_\_

1st Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2nd Emergency Contact (*optional*)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Facility

(medical/surgical care)

Name: \_\_\_\_\_

*In case of an emergency, medical response will be called. You may be transported to the nearest hospital.*

In the event of an emergency are there any medical conditions we should be made aware of? (Heart conditions, allergies, etc.):

### Communication Survey

How did you hear about the Pinole Senior Center?:  
(*Circle all that apply*)

Walk In Recommended by a friend

City of Pinole Website Social Media

Special Event Lunch Program

Previous Member (Year: \_\_\_\_\_)

Other: \_\_\_\_\_

### Areas of Interest

What are some areas of interest?:  
(*Circle all that apply*)

Exercise Lunch Program Games/Cards

Arts & Crafts Volunteer Work Dances

Guitar/Ukelele Pool/Billiards Speak Up!

Quilting/Knitting Food Distribution Book Club

Other: \_\_\_\_\_

\*\*\*FOR OFFICE USE ONLY\*\*\*

Membership ID # \_\_\_\_\_-2024 Form of Payment: ☐ CASH ☐ CHECK ☐ CC PMT ID # \_\_\_\_\_

## Donation & Sponsorship

The Pinole Senior Center is dedicated to serving seniors in the City of Pinole and surrounding cities in Contra Costa County. Monetary donation or membership sponsorship will help the Pinole Senior Center continue to provide membership, numerous activities, and the ability for our Center to expand our services. Individuals who donate will be acknowledged in the monthly newsletter of the Pinole Senior Center. Would you like to make a donation to the Pinole Senior Center or sponsor a membership for another senior in need at this time?

**Bronze Donor (\$25 or less)** \$ \_\_\_\_\_

**Silver Donor (\$26-\$49)** \$ \_\_\_\_\_

**Gold Donors (\$50+)** \$ \_\_\_\_\_

**Sponsor a Membership (\$30)** \$ \_\_\_\_\_

## Pinole Senior Center Membership Registration Requirements

### Liability Waiver States:

- 1) Participants understand that participation in activities may involve the risk of harm.
- 2) With knowledge of the potential risks involved, participants must sign this waiver, releasing and discharging the City of Pinole or City of Pinole officials, officers, employees, agents, volunteers, or appointees, including, without limitation, appointees sitting as Youth Commission Members and Community Services Commission Members ("Indemnities"), from any and all claims arising from my participation in City of Pinole Community Services Department activities, except when such claims arise from the gross negligence or willful acts of the Indemnities.
- 3) Participants signatures certify that they are physically and mentally capable of participating in Pinole Community Services activities at or sponsored by the City of Pinole and the Pinole Senior Center.
- 4) Participation in these Activities is done so willingly and voluntarily. Participants assume full responsibility for any and all injuries and any expenses related to such injuries sustained. Participants assume full responsibility for damage to or loss of their own personal property that may occur during City of Pinole Activities.

### Emergency Medical Treatment:

In the event of an injury in connection with the City of Pinole Recreation activities, the participants sign-in signature provides consent to emergency medical treatment provided by a licensed physician, paramedic or other medical provider. Such care may be given under any conditions necessary to preserve my life, limb and/or well-being. Participants agree to hold all such medical providers rendering such emergency medical treatment harmless in connection with such efforts on my behalf. Participants understand that the cost thereof will be at their expense.

### Code Of Conduct:

During time spent at the Senior Center Facility, participants are bound by the Senior Center Code of Conduct. Participants must also abide by all other City of Pinole, Pinole Community Services Department, and/or Pinole Senior Center policies and procedures. Any behavior on the part any participant contrary to the Code of Conduct may result in dismissal from the activity and facility. A full printout of the Code of Conduct is available at the front desk.

### Photo Consent:

I acknowledge that the City of Pinole takes photographs and videotapes of its activities and events for publicity purposes and authorize the use of my image by the City for such purposes. I understand I will not be compensated for use of such photos or videos.

\_\_\_\_\_ **YES** - The Pinole Senior Center has my permission to use photos of me engaged in a Senior Center Activity

\_\_\_\_\_ **NO** - Please do not use photos of me in Pinole Senior Center activities for any publications.

**Member's Signature:**

**Date:**

***By signing this form, I acknowledge that I have read, understand, and will abide by the Pinole Senior Center Membership Registration Requirements and Code of Conduct.***