

**Welcome to Vivalon!** We are delighted you are taking advantage of our services. Please take a moment to share some information about yourself so we can better serve you.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Cellphone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Do You Have Insurance?**  Yes  No

Medicare  Medicare Advantage  Kaiser  Other \_\_\_\_\_

Medi-Cal  Medicare + Medi-Cal  Private Insurance  Decline to State

**Gender Identity**

Female  Transgender  Transgender Male to Female  Other \_\_\_\_\_

Male  Transgender Female to Male  Genderqueer/Non-binary  Decline to State

**Assigned Sex at Birth**

Female  Male  Decline to State

**Sexual Orientation**

Straight/Heterosexual  Bisexual  Questioning/Unsure  Gay/Lesbian/Same-Gender Loving  Decline to State

**Language**

Primary Language Spoken \_\_\_\_\_ Other Languages Spoken \_\_\_\_\_

**Ethnicity**

Hispanic or Latino  Non-Hispanic or Latino  Decline to State

**Race**

African American/Black  Caucasian/White  Native Hawaiian/Pacific Islander  Mixed Race

Asian/Asian American  Indigenous/ Native American  Other  Decline to State

## HEALTHY AGING CENTER: CLIENT APPLICATION

### Annual Income

- Less than \$10,000     \$20,000-\$29,999     \$40,000-\$49,999     \$75,000-\$100,000     Decline to State  
 \$10,000-\$19,999     \$30,000-\$39,999     \$50,000-\$74,999     More than \$100,000

### Relationship Status

- Single (Never Married)     Married     Domestic Partner     Decline to State  
 Separated     Divorced     Widowed

### Do you live alone?

- Yes     No     Decline to State

If 'No,' how many people live in your household, including you? \_\_\_\_\_

### Home Setting

- Private Home or Apartment     Skilled Nursing Facility     Decline to State  
 Board and Care     Assisted Living

### In general, how would you rate your overall health now?

- Excellent     Very Good     Good     Fair     Poor

### What are your main interests? (Check all that apply)

- Art     Discussion Groups     Healthy Aging     Volunteering     Other  
 Music     Fitness     Technology     Lifelong Learning

### Are you a veteran?

- Yes     No     Decline to State

## MEMBERSHIP APPLICATION

Welcome to the Vivalon Family! We are so glad you have decided to become a member. As a Vivalon member, you will receive discounts on meals at our Jackson Café and other discounts on classes, activities, and events.

### MEMBERSHIP RATE

Scholarship available upon request, based on income eligibility, and if funds are available. Contact Guest Services at 415-456-9062 for more information.

**Your membership helps us keep our doors open and our programs affordable.**

- Single: \$48/year**  
 **Household/Couple: \$80/year**  
 **Volunteer: \$24/year**  
 **Request Scholarship**

First Name

Last Name

Date of Birth

Second Name for Household/Couple Membership

# HEALTHY AGING CENTER: CLIENT AGREEMENT

## PRIVACY POLICY

Client information will be kept confidential and will only be shared in a non-identifiable manner for statistical purposes only.

## PHOTO RELEASE

From time to time, our Marketing department may take photos and videos to help us promote Vivalon and our various activities. Examples of how these photos and videos may be used include, but are not limited to: print ads, digital ads, newsletters, emails, website pages, letters, brochures, pamphlets, reports, presentations, video appeals.

I consent to the unrestricted use, by Vivalon (and those acting with its permission and authority), of any and all photographs/videos taken, in whole or in part, unlimited use, for all purposes, in any form or medium, including, without limitation, its use through or on any electronic media, including the Internet.

I waive any right to inspect or approve the finished product or products or the advertising copy or printed matter that may be used with the finished photographs/videos.

Further, I relinquish all rights, titles and interests I may have in the finished photographs/videos and reproduction to any responsible business firm or publication. It is understood that Vivalon retains copyright of images at all times under the expressed understanding and agreement that Vivalon shall have exclusive reproduction rights to the images/videos.

I hereby release Vivalon from any and all claims in connection with the photographs/videos, including any and all claims of libel.

## PHYSICAL ACTIVITY RELEASE OF LIABILITY

I hereby acknowledge my awareness that my participation in physical activities led by Vivalon has

**BY SIGNING BELOW, I SIGNIFY THAT I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

certain risks and I knowingly, freely and voluntarily assume all risks and engage myself in the participation of activities.

I hereby release Vivalon from any and all liability arising out my participation in activities led by Vivalon and hereby waive my rights herein to assert any claim(s) for damages, bodily injury or serious bodily injury to the fullest extent allowed by law.

I further agree that I will hold harmless Vivalon against any and all claim(s) for damages, bodily injury or serious bodily injury arising out of or in connection of my participation in activities led by Vivalon whether caused by negligence or otherwise.

## GRIEVANCE POLICY

Vivalon aims to resolve problems and grievances promptly and as close to the source as possible with graduated steps for further discussions and resolution at higher levels of authority as necessary. I acknowledge that I have received and read a copy of the Vivalon Grievance Policy (see page 5) and that I understand what it states.

## CODE OF CONDUCT

This policy is intended to make visitors (members, volunteers, and guests) at the Vivalon's Healthy Aging Center and Jackson Café feel welcome and to provide reasonable rules of behavior for the benefit of all. I acknowledge that I have received and read a copy of the Vivalon Code of Conduct (see page 6) and that I understand what it states. I further acknowledge that I am responsible for understanding and complying with the policy described in the Code of Conduct during my visits to the Healthy Aging Center and during participation in any Vivalon activities and events.

### PLEASE RETURN YOUR COMPLETED FORM TO:

#### Guest Services at Vivalon

930 Tamalpais Avenue

San Rafael, CA, 94901

**Phone:** 415-456-9062

**Email:** [guestservices@Vivalon.org](mailto:guestservices@Vivalon.org)

**Web:** [Vivalon.org](http://Vivalon.org)

**For membership fee make check payable to Vivalon. Donations gladly accepted.**

# HEALTHY AGING CENTER: CLIENT AGREEMENT

## GRIEVANCE POLICY

Vivalon aims to resolve problems and grievances promptly and as close to the source as possible with graduated steps for further discussions and resolution at higher levels of authority as necessary.

### Statement of General Principles

- Complaints must be fully described by the person with the grievance.
- The person(s) should be given the full details of the allegation(s) against them.
- The person(s) against whom the grievance/complaint is made should have the opportunity and be given a reasonable time to put their side of the story before resolution is attempted.
- Proceedings should be conducted honestly, fairly and without bias.
- The complainant's privacy will be protected and shared only with the directly involved parties as needed for resolution

## PROCEDURES

The following is a four-level process:

1. The employee/volunteer attempts to resolve the complaint as close to the source as possible within five working days.

This level is informal and accomplished with verbal statements.

### If the matter is not resolved:

2. The employee/volunteer/client notifies the Healthy Aging Manager (in writing or otherwise) as to the substance of the grievance and states the remedy sought.

In the case of a homebound client submitting a grievance, the Manager will provide a means for the client to be in contact.

This level will usually be informal, but either party may request written statements. The response time for this level is five working days.

### If the matter is not resolved:

3. The Manager must refer the matter to the Director, Healthy Aging (or COO or CEO if applicable). A grievance taken to this level must be in writing from the employee/volunteer or client.

The Manager will forward to the Director of Healthy Aging for any additional information.

The Director of Healthy Aging will provide a written response to the employee/volunteer/clients within five working days.

### If the matter is not resolved:

4. Director of Healthy Aging will give the complainant a copy of the AAA grievance procedure. All written documentation related to the concern, as well as relevant contact information for the person making the complaint, will be forwarded to the Senior Program Coordinator by the Director of Healthy Aging.

## HEALTHY AGING CENTER CLIENT AGREEMENT CODE OF CONDUCT

This policy is intended to make visitors (members, volunteers, and guests) at the Vivalon's Healthy Aging Center and Jackson Café feel welcome and to provide reasonable rules of behavior for the benefit of all.

I acknowledge that I have received and read a copy of the Vivalon Code of Conduct and that I understand it. I further acknowledge that I am responsible for understanding and complying with the policy described in the Code of Conduct during my visits to the Healthy Aging Center and during participation in any Vivalon activities and events. Vivalon's Healthy Aging Center and Jackson Café are friendly and inviting places for older adults to gather and participate in classes, activities and services.

Behavior which inhibits visitors from using and enjoying the Healthy Aging Center or Jackson Café is inappropriate and will not be tolerated.

All visitors to the Healthy Aging Center are invited to participate. Those unable to utilize the programs at Vivalon due to mental or physical capacity issues must be accompanied by caregivers or family members. Inappropriate behavior includes, but is not limited to, the following:

- Using alcohol or drugs, or being publicly intoxicated
- Stealing, damaging, or defacing Vivalon property
- Shouting, loud or offensive language
- Creating a disruption
- Threatening or intimidating others through behavior or language
- Physically harming, or threatening physical harm, to self or others
- Failing to self-manage incontinence and/or hygiene issues
- Sleeping onsite
- Using the facilities for bathing
- Soliciting for personal or improper purpose
- Participating in a crime, misdemeanor or violation of the San Rafael Municipal Code
- Verbally or nonverbally disrespecting members, volunteers or staff including unwanted or inappropriate personal communications or attention
- Theft and deliberate or careless damage or destruction of any Vivalon property, or the property of any visitor, volunteer or employee
- Unauthorized or inappropriate use of Vivalon equipment, time, materials, or facilities