

**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.

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First Name

Last Name

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Date of Birth

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Address

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City

State

ZIP Code

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Cellphone

Home Phone

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Email Address

### **Emergency Contact Information**

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First Name

Last Name

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Relationship

Phone Number

# HEALTHY AGING CAMPUS: **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 certain risks and I knowingly, freely and voluntarily assume all risks and engage myself in the participation of activities.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby release Vivalon from any and all liability arising out of 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 and that I understand what it states.

## **PET POLICY**

No pets are allowed on the second floor of the Healthy Aging Campus, with the exception of service animals as mandated by law and outlined in Vivalon's pet policy I acknowledge that I have received and read a copy of the Vivalon Pet Policy and that I understand what it states.

## **CODE OF CONDUCT**

This policy is intended to make visitors (members, volunteers, and guests) at Vivalon's Healthy Aging Campus and Vivalon 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 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 Campus and during participation in any Vivalon activities and events.

### **PLEASE RETURN YOUR COMPLETED FORM TO:**

#### **Vivalon Guest Services (2nd Floor)**

999 Third Street, Suite B

San Rafael, CA, 94901

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

### **FOR QUESTIONS AND MORE INFO**

415-456-9062 | [vivalon.org](http://vivalon.org)

**Thank you for joining our member community!** Welcome to the Vivalon Family! As a Vivalon member, you will receive discounts on meals at our Vivalon Café and other discounts on classes, activities, and events. Please take a moment to share some information about yourself.

First Name

Last Name

Date of Birth

The information you provide below is instrumental in deepening our understanding of the community we serve and their unique needs. Your responses may also help Vivalon secure various forms of funding, which in turn allows us to offer our services either free of charge or at minimal cost. Your participation in answering these questions is entirely voluntary; it does not affect your eligibility for our services or membership at Vivalon. Your responses are private. We never disclose personal or identifiable information to any individuals or organizations outside of Vivalon, except where mandated by law.

**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

**Language**

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

**Sexual Orientation**

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

# HEALTHY AGING CAMPUS: **MEMBERSHIP FORM**

## 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

## 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       Unhoused  
 Board and Care       Assisted Living       Decline to State

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

- Excellent       Very Good       Good       Fair       Poor       Decline to State

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

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

## Are you a veteran?

- Yes       No       Decline to State

# HEALTHY AGING CAMPUS: **MEMBERSHIP FORM**

## **SELECT YOUR MEMBERSHIP TYPE**

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

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

- Classic** | \$60 for individual per year / \$90 for couple per year
- *Two hours of complimentary parking per visit*
  - *Exclusive discounts at Vivalon Café*
  - *Special pricing for classes and events*
  - *Connections newsletter mailed to your doorstep*
- Café** | \$50 per year
- *One hour of complimentary parking per visit*
  - *Exclusive discounts at Vivalon Café and special events*
  - *Connections newsletter mailed to your doorstep*
- Volunteer/Instructor** | \$30 per year
- Reserved for our valued volunteers and instructors.*
- *Two hours of complimentary parking per visit*
  - *Exclusive discounts at Vivalon Café*
  - *Special pricing for classes and events*
  - *Connections newsletter mailed to your doorstep*
- Request Scholarship**

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Signature

Date

## **PLEASE RETURN YOUR COMPLETED FORM TO GUEST SERVICES VIA:**

### **Mail or In Person**

#### **Vivalon (2nd Floor)**

999 Third Street, Suite B  
San Rafael, CA, 94901

### **Email**

guestservices@Vivalon.org

**For membership fee, checks can be made payable to Vivalon.**

Vivalon is a 501c3 nonprofit organization. Voluntary contributions are greatly appreciated.

Tax ID 94-1422463

# HEALTHY AGING CAMPUS: **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.

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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 Campus and during participation in any Vivalon activities and events.

Vivalon's Healthy Aging Campus and Vivalon 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 Campus or Vivalon Café is inappropriate and will not be tolerated.

All visitors to the Healthy Aging Campus 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

## **PET POLICY**

Except for service animals and as required by law, no pets are allowed on the second floor of the Healthy Aging Campus.

Service animals, as defined by Federal ADA Requirements, are allowed on the second floor. Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Under the ADA, state and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go. Emotional support, therapy, comfort or companion animals are not considered service animals under the ADA. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

Vivalon retains the authority to deny entry if the service dog disrupts members, guests, staff or operations.