

## GOLDEN HOURS SENIOR RECREATION CENTER

### USER CODE OF CONDUCT

Golden Hours Senior Recreation Center serves as a hub of social engagement for local active adults aged 50 or over with a wide range of activities and programs tailored to meet the diverse interests and needs of its members. In collaboration with Weber Human Services, the center provides a low-cost lunch option five days a week. The center is dedicated to fostering an atmosphere of courtesy and respect and has adopted the following code of conduct for all members:

- Applicants and members must disclose any crimes against minors, seniors, or persons with a disability, any felony conviction involving violence, any sexual offense, or any felony conviction within the prior seven years. Membership may be denied, suspended, or revoked for these offenses.
- If a member requires caretaking, a caretaker must accompany the member at the Center. The Center does not provide medical care, medication distribution, daycare for senior adults, personal care, or bathroom assistance.
- The Center reserves the right to decline services to individuals if the staff and/or facilities are inadequate for their needs.
- Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation, gender identity, handicap, disability, or any other legally protected characteristic will not be tolerated.
- Sexual harassment will not be tolerated in any form. This includes actions, words, jokes, or comments based on an individual's sex or any behavior or action that occurs toward another on the basis of one's sex which is unwanted, unwelcome, and unreciprocated.
- Members may not behave in a way that endangers the health or safety of self or others. Any violent act will result in denial, suspension, or revocation of membership.
- Members must act in a respectful manner. Disrupting programs, damaging property, or making disparaging remarks will not be tolerated.
- Staff members must approve of any material posted at the Center. Political messages or promotions may not be posted.
- Members may not sleep or lie down while in the Center.
- Center restrooms may not be used for bathing, shaving, or washing clothing.
- Excessive baggage, luggage, shopping carts, hand trucks, or backpacks may not be brought into the Center. The Center cannot provide storage for personal items, and members must keep track of all personal belongings. Ogden City will not be responsible for the loss of any personal items.
- Operational or safety concerns must be discussed with a staff member.
- Members may not be under the influence of alcohol, illegal drugs, or impairing prescription drugs while at the Center.
- The use of tobacco, vape devices, illegal drugs, and/or alcohol is prohibited inside the Center.
- Members must wear proper attire and use good personal hygiene while at the Center.
- Syringes or other hazardous material used for prescribed medication must be disposed of safely and properly. Syringes or other hazardous material that are not used for a prescribed medication are not allowed.

- Smoking or the use of tobacco or vape devices is not permitted in the Center, in Lester Park, or in the adjacent parking lot.
- Animals, except for A.D.A qualified service animals and law enforcement animals, are not allowed in the Center. Service or law enforcement animals must be licensed and display current license tags.
- Weapons are strictly prohibited.
- Soliciting and proselytizing are prohibited.
- The Center has a security camera system. The primary use of security cameras will be to record images for future identification of individuals in the event of violations of law or policy. Video feed may or may not be monitored continuously. Users cannot rely on video monitoring for security purposes.
- Members may be photographed and/or videotaped by Ogden City or its representatives and partners for internal and/or promotional use.

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### **Enforcement & Appeals**

Enforcement of this Code of Conduct will be conducted in a fair and reasonable manner. Center staff or Ogden City Police Officers will intervene to stop prohibited activities and behaviors. Individuals who fail to observe the policy may be given a verbal redirection or warning, asked to leave, trespass from the facility for a period of time, subject to arrest or other lawful action, or have their membership suspended or revoked. In case of serious, threatening or willfully malicious behavior, the offending person(s) will be expelled from the program or facility immediately by police.

To appeal this process, submit a written request to:

Public Services Director

133 West 29<sup>th</sup> Street

Ogden, UT 84401

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I acknowledge that I have read and fully understand the Golden Hours Senior Recreation Center User Code of Conduct and agree to comply with all rules and procedures as stated.

I understand that failure to abide by these eligibility requirements and rules for participation may result in corrective measures and/or restrictions, including suspension or revocation of my Center membership and privileges.

I grant permission and convey to Ogden City or its representatives and partners, all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits in any and all such photographs or recordings, and consent to such parties' use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity, without further compensation or permission.

I do release and forever discharge Ogden City, its agents, employees, volunteers, affiliates, and/or independent contractors (collectively "Ogden City") from any liability or claim that I may have against Ogden City with respect to any bodily injury, personal injury, illness, death, property damage, or property loss that may result from my participation in Center activities, whether caused by the negligence or the city or otherwise.

SIGNATURE OF MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

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NAME (print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALLOW TEXTS? YES  NO  CELL PHONE CARRIER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(REQUIRED) ISSUING GOVERNMENT IDENTIFICATION: \_\_\_\_\_

IDENTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ NUMBER \_\_\_\_\_

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# Weber/Morgan Area Agency on Aging

Center Name:

Date:

Name: _____	DOB: _____	Phone: _____
Address: _____	City: _____	Zip Code: _____
Email Address: _____ How did you hear about the center? _____		
What are you interested in doing at the center? _____		
1 <sup>st</sup> Emergency Contact: _____		Relationship: _____
Address: _____		Phone: _____
2 <sup>nd</sup> Emergency Contact: _____		Relationship: _____
Address: _____		Phone: _____
Living Situation: A – Alone      F – With Friend      P – With Parent      S – With Spouse      C – With a Child N – Nursing Home      R – With a Relative      O – Other: _____		
Gender:      F – Female      M – Male      O – Other      D – Decline to answer		
Race/Ethnicity:      A – Asian      B – Black (African American)      C – Caucasian      H – Hispanic N – American Indian (or Alaska Native)      P – Pacific Islander      O – Other: _____		
Low Income:      Y – Yes      N – No      (Based on 100% of Federal Income Poverty Guideline: \$1,073/month for single, \$1,452/month for couple)		
<p><b><u>Nutritional Risk Score 6 or above: Y – Yes      N – No</u></b></p> <p>Please use the back side of this card (or separate sheet if attached) to determine your score</p>		

Use this checklist to find out if you are at nutritional risk. Read the statements below. Circle the number in the "Yes" column for those that apply to you. Add up the circled numbers to get your total nutritional risk score.

	YES
1. I have an illness or condition that has made me change the kind and/or amount of food I eat.	2
2. I eat fewer than two meals a day.	3
3. I eat few fruits, vegetables, or milk products.	2
4. I have three or more drinks of beer, liquor, or wine almost every day.	2
5. I have tooth or mouth problems that make it hard for me to eat.	2
6. I don't always have enough money to buy the food I need.	4
7. I eat alone most of the time.	1
8. I take three or more different prescribed or over-the-counter drugs a day.	1
9. Without wanting to, I have lost or gained 10 pounds in the last six months.	2
10. I am not always physically able to shop, cook, and/or feed myself.	2

0-2      **Good!** Recheck your score in six months.

3-5      **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior citizens' center, or health department can help. Recheck your score in three months.

6 or More      **Your are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian, or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.