



# BULVERDE SPRING BRANCH ACTIVITY CENTER

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## *Welcome to the Bulverde Spring Branch Activity Center*

We are excited to have you as part of our BSBAC community!

Office hours are Monday – Thursday, 9:00 am – 4:00 pm and Friday, 9:00 am – 3:00 pm.

Office staff:

DeLisa Leopold, Executive Director  
Reghan Swenson, Marketing/Event Coordinator  
Beth Collier, Community Outreach Coordinator  
Jean Larson, Kitchen Volunteer Coordinator  
Lauren Bippert, Membership Coordinator  
Todd Foster, Transportation  
Rod Garcia, Transportation  
Allen Klar, Transportation

We strive to offer you an enjoyable experience here at BSBAC; our doors are always open to our members.

Enclosed in this packet:

➤ **Free Lunch Card**

- We serve a Fellowship meal at 11:30am daily (11:00am on Fridays)

On our website:

➤ **BSBAC Weekly/Monthly Newsletter**

- With each week/month, there are opportunities to learn, create, and socialize...check out all there is to offer!

➤ **Volunteer Opportunities**

- Do you enjoy meeting new people and sharing your time with others? We have wonderful volunteers here at BSBAC and welcome you to join them! Visit the Volunteer the Front Office for current opportunities.

30280 Cougar Bend, Bulverde, Texas 78163  
(P) 830-438-3111

Visit us at [www.bsbac.com](http://www.bsbac.com)



# MEMBER ENROLLMENT FORM



## Please Print Information

Name: \_\_\_\_\_ Gender: Male  Female

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

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_ Housemate: \_\_\_\_\_

Veteran:  Yes  No Branch: \_\_\_\_\_

Race:  White  Black  Native American  Asian  Other

Ethnicity: Hispanic  Yes  No

How did you hear about the center? \_\_\_\_\_

If a current BSBAC member referred you to us, please share their name with us so we can thank them!

Referred by: \_\_\_\_\_

Our center has a variety of volunteer opportunities including Meals on Wheels, office assistance, grounds keeping, etc.

Yes, I would like to receive a Volunteer Information Packet.

## Emergency Contacts

In the event you are unable to communicate in an emergency, we will contact 911 immediately.

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event you are unable to communicate in an emergency, are there any medical conditions that you would like us to be able to share with an emergency medical provider? \_\_\_\_\_

## Releases

The Bulverde Spring Branch Activity Center produces a member directory yearly for its members. Do you authorize your contact information to be listed in this publication? **Yes No**

The Bulverde Spring Branch Activity Center uses social media such as their website, Facebook and electronic newsletters to keep members/public informed about the activities and events going on at the center. Do you authorize the Bulverde Spring Branch Activity Center the right to use your photograph or image for these purposes? **Yes No**

The information provided on this form will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet your needs.

**Medical & Health Information – Voluntary**  
*Information you would like us to have on file in the event of an emergency*

Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

**Release of Liability**

I certify that I am participating in Programs and Activities sponsored at or by the Bulverde Spring Branch Activity Center voluntarily, with or without the consent of my health care specialist.

The scheduled programs and activities, including the exercise and fitness center classes, have been explained to me, and I fully understand what is involved in participation.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in Bulverde Spring Branch Activity Center activities. I hereby release Bulverde Spring Branch Activity Center and its officers, employees, or agents from any liability, costs and damages resulting from my participation in the various programs.

I further certify that I have read the foregoing document, I understand and agree to its terms and conditions and that I make this application and waiver voluntarily.

SIGNED, this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Printed Name**

If you fall and are unable to get up on your own accord, 911 will be called and an ambulance will be requested. The Bulverde Spring Branch Activity Center staff will not lift you or allow others to lift you. This is for your safety and the safety of others. We do not know what type of injuries that have been sustained and we do not want to take any chances of injuring you further. The Bulverde Spring Branch Activity Center is not responsible for payment of EMS service. If you fall or are injured and are able to get up and seem fine, the Bulverde Spring Branch Activity Center requests that you let us take you to your physician or the Emergency Room to assure that there are no underlying injuries. An accident/incident report will be filed, and you will be required to sign if possible.

If 911 is called, we will contact the persons listed as emergency contacts and make them aware of the situation. For your peace of mind please make sure that you have arranged for Medical Power of Attorney (available at the hospital) and that you have listed contacts that have knowledge of your medical history, are nearby or have the information to contact your next of kin. Keep in touch with your family and update them on any changes you make such as, change in physicians, etc.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

For office use only:

Tivity Health SilverSneakers®

Optum® Fitness Advantage /  
Renew Active

Silver&Fit®

Tivity Health Prime®

Optum® At Your Best /  
AARP® Medicare Supplement

**Paid (if applicable):** \$ \_\_\_\_\_

**Health Plan ID:** \_\_\_\_\_

<i>Payment Date:</i>	<i>Payment Amount:</i>
<i>Entered into SS:</i>	<i>Payment Note:</i>
<i>Entered into CC:</i>	<i>Scan Card Number:</i>
<i>Enrolled into Insurance:</i>	<i>Insurance Info. in SS:</i>
<i>Database Photo:</i>	<i>MEF Scanned to record:</i>

*For Office Use Only*

## **BULVERDE SPRING BRANCH ACTIVITY CENTER**

### **STANDARDS OF CONDUCT AND BEHAVIOR**

Applicability – This policy applies to all Bulverde Spring Branch Activity Center (BSBAC) employees, members, and volunteers.

In pursuit of its mission, BSBAC is dedicated to providing the highest level of service to meet the needs of the senior citizens, enrich their quality of life, provide educational programs to fit their needs, bring health and exercise programs to them, provide opportunities for socialization and community service, and to help seniors remain active and self-sufficient. This can only be accomplished by maintaining a safe, secure and harmonious environment, free from discrimination, harassment, intimidation, acts of violence and other inappropriate behavior.

While carrying out his/her duties and activities, each employee, member, or volunteer shall conduct him/herself in a courteous, cooperative and professional manner. Failure to do so impacts the health and safety of members, employees, volunteers, and persons with whom BSBAC does business.

BSBAC has a “zero tolerance” policy regarding center violence and other behavior by employees, members, and volunteers that interfere with its operations, violates BSBAC’s mission, or is harmful or offensive to program participants, coworkers, or people with whom BSBAC does business.

The following standards of conduct are designed to assist employees, members, and volunteers in meeting BSBAC expectations. They are applicable to all employees, members, and volunteers while conducting BSBAC business and activities or otherwise representing BSBAC to the wider community whether on BSBAC property or at any location where BSBAC does business or where BSBAC employees and program participants are involved in the day-to-day activities of the center.

#### **Code of Conduct**

1. Employees, members, and volunteers are expected to resolve interpersonal conflicts in a professional manner. Employees, members, and volunteers shall seek assistance from a person in a supervisory position when they cannot resolve such differences on their own.
  - Always discuss problems first with the people directly involved.
2. Employees, members, and volunteers are required to communicate effectively with each other, both verbally and in writing, if necessary, and share center related information as needed or required. No one shall conduct themselves in a manner that interferes with program activities in any way.
3. No employee, member, or volunteer shall cause physical injury to any person nor threaten, directly or indirectly. No employee, member, or volunteer shall damage or threaten to damage the property of another.
4. No employee, member, or volunteer shall use abusive, threatening, obscene, vulgar, or other inappropriate language, verbally or in writing, in conducting or participating in any center related activities.

5. Treat people with courtesy, politeness, and kindness.
  - Do not nit-pick, belittle, judge, demean, or patronize. A series of seemingly trivial actions, added up over time constitutes bullying.
  - Encourage everyone to express opinions and ideas. Listen to what others say and provide an equal opportunity for all to participate.
  - Support coworkers, activity leaders, and volunteers as they carry out their responsibilities. It is difficult to please everyone all the time, so respect and honor their requests, directions, and requirements.
  - Refrain from criticizing the actions of others.
  - Be considerate of those who participate at a different pace or have a different level of proficiency than you have.
6. Each employee, member, and volunteer must comply with all federal and state laws prohibiting discrimination and harassment on basis of race, religion, color, age, disability, gender, sexual orientation, national origin, or other protected classification.
7. Alcohol is prohibited without prior approval of the Executive Director. Use and/or possession of illegal substances is not permitted.
8. No employee, member, or volunteer shall have in his/her possession or vehicle any type of weapon/dangerous instrument, article, or substance that is capable of causing death or serious physical injury. Violation will result in separation from BSBAC.
9. All supervisors and board members must maintain objectivity and impartiality when dealing with behavior issues, regardless of their relationships.

Employees, members, and volunteers are required to report to BSBAC Director or Board Member any behavior that constitutes a violation of the standards of conduct described in this policy and to cooperate with any agency investigations of such violations. BSBAC shall investigate and respond to any complaints of violations of this policy.

Any employee or member who violates the standard of conduct or other provisions of this policy shall be subject to disciplinary action up to and including dismissal from the BSBAC. Revocation of membership is permanent and shall not be rescinded.

Steps that lead toward separation:

1. Verbal Notice of Policy Violation
2. Written Notice of Policy Violation
3. Letter of Permanent Separation from BSBAC (Revocation of Membership)

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Signature & Printed Name

Date