Member ID #:	Date of Tour:	Name of staff:

## Wellness Center West

## **Membership Application**

The purpose of the Wellness Center West is to provide a safe and nurturing environment for each individual to achieve their vision of recovery while promoting acceptance, dignity and social inclusion.

Members must be at least 18 years of age, live in Orange County and have been or are currently receiving mental health services. Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_\_ Email: \_\_\_\_\_ Emergency Contact Name: Emergency Contact #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Are you a Veteran? Yes No Ethnicity: Language(s) Spoken: \_\_\_\_ How did you hear about the Wellness Center West? (Please circle one) **Friend Current Member Family Member Another Wellness Center** Clinic/Hospital (which one) \_\_\_\_\_ Other Are you currently a member of another Wellness Center? (Please circle all that apply) **Wellness Center Central Wellness Center South** Currently not a member What is your interest in joining the Wellness Center West? \_\_\_\_\_ What is important to you in your personal journey of recovery? \_\_\_\_\_ Which of the following areas of recovery interest you? (Please circle all that apply)

**Physical** 

Social

**Emotional** 

**Spiritual** 

Are you interested	in any of the follow	ring? (Please circle all	that apply)			
Volunteering at Wellness Center West			Yes / No	Yes / No		
Volunteering in the community  Finding employment in the community			Yes / No	Yes / No Yes / No		
			Yes / No			
Facilitating groups	s/activities at the W	ellness Center West	Yes / No			
What social activit	ties are you intereste	ed in? ( <i>Please circle al</i> l	l that apply)			
Nature	Walks	Field Trips	Dance	Dance		
Socializing	Drama	<b>Other</b>				
Are you considerin	ng pursuing further	education? Yes No	If yes, which education	onal activities interest you		
GED/Diploma Certificate Program		Two Year Degree Program				
Four Year Degree Program Self Improvement		Other	Other			
	•		ample: cooking, budge	ting, organizing, coping		
Which sports are y	you interested in? ( <i>H</i>	Please circle all that ap	ply)			
Volleyball	Basketball	Bowling	Kick ball	Frisbee		
Miniature Golf	Other					
Do you have any h	obbies or interests y	you would like to purs	ue at the Wellness Cen	ter West?		
Do you have a med	lical condition that	you want us to be awa	re of? Yes N	No		
If yes, what should	l we do in case of an	emergency?				
By signing this for	m, I agree that I am	at least 18 years of ag	ge, I live in Orange Cou	ınty and I have been or an		
Signature:		Date:				

Revised 06/08/2016