

The Wellness Center

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Is it okay to contact you by phone? _____ by email? _____ by mail? _____

Emergency Contact Name: _____ Emergency Contact #: _____

Date of Birth: _____ Age: _____ Gender: _____

Ethnicity? _____ Are you a Veteran? _____

Language(s) Spoken: _____

What is your interest in joining the Wellness Center? What are your dreams and hopes?

Which of the following three groups are you interested in? (*Please circle only three*)

Cooking Class

Yoga

Arts & Crafts

Computers

Wellness Recovery Action Plan

Newsletter

Social Dancing

Social Hour

Job search

Other _____

Gardening

Meditation

Game Room

AA/NA/12 Steps

Would you be interested in?

Volunteering in the Wellness Center Y/N

Volunteering in the Community Y/N

Finding employment in the Community Y/N

What social activities do you have interest in? *(Please circle all that apply)*

Nature Walks

Field Trips

Dance

Social hour

Drama

Other _____

All activities are voluntary. Please list any limitations that would inhibit you from group activities.

What sports do you have interest in? *(Please circle all that apply)*

Baseball

Basketball

Bowling

Softball

Golf

Skating

Other _____

What have you done in the past for fun?

Do you have any hobbies or interests you would like to pursue at the Wellness center?

By signing this form,

I agree that I am at least 18 years of age, I live in Orange County and have been or am currently receiving mental health services.

Signature:

Date:
