



Are you interested in any of the following? *(Please circle all that apply)*

Volunteering at Wellness Center West Yes / No

Volunteering in the community Yes / No

Finding employment in the community Yes / No

Facilitating groups/activities at the Wellness Center West Yes / No

What social activities are you interested in? *(Please circle all that apply)*

Nature Walks Field Trips Dance  
Socializing Drama Other \_\_\_\_\_

Are you considering pursuing further education? Yes No If yes, which educational activities interest you?

GED/Diploma Certificate Program Two Year Degree Program  
Four Year Degree Program Self Improvement Other \_\_\_\_\_

Which life skills would you like to enhance in your life? (Example: cooking, budgeting, organizing, coping skills, computer skills, etc.) \_\_\_\_\_

Which sports are you interested in? *(Please circle all that apply)*

Volleyball Basketball Bowling Kick ball Frisbee  
Miniature Golf Other \_\_\_\_\_

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

Do you have a medical condition that you want us to be aware of? Yes No  
If yes, what should we do in case of an emergency? \_\_\_\_\_

By signing this form, I agree that I am at least 18 years of age, I live in Orange County and I have been or am currently receiving mental health services. \*Membership will be renewed annually in June.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_