

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

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.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____

Are you a Veteran? **Yes / No** Ethnicity: _____ Language(s) Spoken: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship to you: _____

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)*

Emotional

Spiritual

Physical

Social

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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? (Eg: cooking, budgeting, organizing, coping skills, computer skills, etc.)

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

Volleyball **Basketball** **Bowling** **Kickball**
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: _____