



## **MEMBER SIGN-UP FORM**

*(Revised April 2019)*

### **Welcome to the Wellness & Advocacy Center!**

1. The Wellness Center is a place for all adults who have experienced mental or emotional distress that has impacted their lives.
2. We aim to provide a safe, nurturing environment in which to relax and make friends, as well as to receive practical assistance in areas such as housing, education, employment, and income.
3. The Center was created as part of the self-help movement, which holds that all people deserve respect and compassion, and that everybody has the right to control the direction and means of their own recovery & well-being.
4. All the Staff and most of the Volunteers you will meet have also experienced mental health challenges, and will strive to be sensitive to your needs and challenges. All of the staff have been trained to provide peer counseling, however there are no licensed therapists or doctors on staff.
5. As a member, you will be asked to abide by certain basic rules within the Center, but you are free to come and go as you like, and to attend only those groups and workshops that interest you. Membership is free and ongoing.
6. All the information you provide is confidential. It will not be given to anyone without your permission except in the case of a life-threatening emergency. Our reason for asking you the following questions is to help us serve your needs as a member.

**Demographic Information**  
(Please Mark all that apply)

Date \_\_\_\_\_

**We are required to ask for and provide anonymous demographic information to our funders. This helps us to better understand and document who we are serving, identify unmet needs in our community, and supports us to refresh our programs.**

**What is your race/ethnicity?**

- White
- Hispanic
- African American
- Native American
- Pac Islander
- Asian
- Multi
- Other \_\_\_\_\_
- Decline to state

**What is your gender?**

- Male
- Female
- Transgender
- Other
- Decline to state

**What is your primary language?**

- English
- Spanish
- Other
- Decline to state

**What is your age?**

- 18-25
- 26-59
- 60+
- Decline to state

**Are you LGBTQ?**

**(lesbian, gay, bisexual, transgender, queer or questioning)**

- Yes
- No
- Decline to state

**Are you homeless?**

- Yes
- No
- Decline to state

**Are you a Veteran?**

- Yes
- No
- Decline to state

**Are you receiving mental health services?**

- County Mental Health
- Public Health Clinics
- SR Community Health
- Veterans
- Private
- Other
- No
- Decline to state

**Thank You!**

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred nickname? \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Message phone \_\_\_\_\_

In case of emergency contact: Name \_\_\_\_\_

Relation to contact \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like to be on an email list to receive notifications for special events? Yes \_\_\_ No \_\_\_

How did you find out about the Wellness Center? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In your own words, please describe your mental/emotional health challenges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special requests about how we might interact with you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any goals that you would like support with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What kinds of groups, supports, and resources are you interested in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please read and sign the Rules & Rights below to become a Wellness Center member*

**GENERAL RULES & RIGHTS**

1. Treat everyone with dignity and respect.
2. No violence, weapons, harassment, sexual conduct, vandalism, or theft of any type.
3. No using or being under the influence of illegal drugs, marijuana, or alcohol.
4. No possession or sale of illegal drugs, marijuana, or alcohol.
5. Tobacco use is allowed in designated areas only.
6. No disturbances in the center or neighborhood.
7. No sleeping in the center.
8. No asking for cigarettes or money.
9. No loitering in the lobby.
10. Clean up after yourself.
11. Do not enter staff offices unless invited to be there.
12. The Assistance Animal Protocol will need to be completed for any animal on the property.
13. Follow all center and group agreements and respect confidentiality.

**RIGHTS**

1. You have the right to be treated with respect at all times.
2. You have the right to keep your physical boundaries and request not to be touched.
3. You have the right to keep your personal property and prescribed medication with you, as long as it does not violate other rules.
4. You have the right to protect your private information and confidentiality, except when staff have reason to believe that you are in physical danger or may be a danger to others.
5. You have the right to complain to staff members, in private or in writing, regarding any perceived violation of your rights.
6. You have the right to have the Manager or Assistant Manager help resolve any disagreements or conflicts with any other member or staff person.
7. You have the right to have your complaints heard and resolved in a timely manner.
8. You have the right to be given information about formal grievance procedures.

I, \_\_\_\_\_ (print name) do understand and will comply with the Rules stated above, recognizing that violation of these rules may result in a warning, suspension of privileges, temporary ban or permanent expulsion from the Center.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_