



MEMBERSHIP UPDATE FORM

(Revised July 2020)

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.

Date _____

Demographic Information
(Please Mark all that apply)

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 age?

18-25
 26-59
 60+
 Decline to state

What is your gender?

Male
 Female
 Transgender
 Other
 Decline to state

What is your race/ethnicity?

White
 Hispanic
 African American
 Native American
 Pac Islander
 Asian
 Multi
 Other _____
 Decline to state

What is your primary language?

English
 Spanish
 Other
 Decline to state

Are you a Veteran?

Yes
 No
 Decline to state

Are you homeless?

Yes
 No
 Decline to state

Are you LGBTQ?

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

Yes
 No
 Decline to state

Are you a Medi-Cal recipient?

Yes
 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 ___

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 as it is for appointments only.
10. Clean up after yourself.
11. Do not enter staff offices or other designated areas unless invited to be there.
12. The Assistance Animal Protocol will need to be completed for any animal on the property.
13. No food or drinks in the small group room, computer lab, library, music and art area.
14. If you need to make or answer a call on your cell phone, please step outside so as not to disturb others around you.
15. 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: _____