



A Place For Hope: Recovery & Wellness Center

MEMBERSHIP APPLICATION

NAME: _____ BIRTHDATE: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PRIMARY PHONE: () - _____ EMAIL: _____

EMERGENCY/ALTERNATE CONTACT INFO

NAME: _____ PHONE: () - _____

ADDRESS: _____ RELATIONSHIP: _____

Sex: Male Female Marital Status: Single Married Divorced Widowed

Race:

White/Caucasian	
Black/African-American	
Asian	
Native Hawaiian or Other Pacific Islander	
Other Race Alone	
More Than One Race	
Unknown	
American Indian/Alaska Native	

Tribal Affiliation (if applicable):

Boise Forte	
Fond du Lac	
Leech Lake	
Red Lake	
White Earth	
Other	

Ethnicity:

Not Hispanic	
Puerto Rican	
Mexican	
Cuban	
Hispanic	
Unknown	

Housing Status:

Homeless	
Imminent Risk of Homelessness	
Chronically Homeless	
Housed	
Unknown	

Residential Status:

Homeless	
Foster Care	
Residential Care	
Crisis Residence	
Correctional	
Private Residence – Independent	
Private Residence - Dependent	
Board & Lodge	

Nursing Facility	
Hospital	
RTC	
Unknown	
Detox/Withdrawal MGMT	
Psych Resident Treatment Facility	
Unknown	

Employment Status:

Full-Time	
Part-Time	
Unemployed	
Crew/Group Employment	
Self-Employed	
Sheltered Employment	
Out of Workforce	

Homemaker	
Student	
Retired	
Disabled	
Hospital/Institute Patient/Resident	
Other	
Unknown	

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO EXPLAIN: _____

HAVE YOU BEEN HOSPITALIZED IN THE LAST 6 MONTHS FOR MENTAL HEALTH? YES NO

IF YES, EXPLAIN: _____

DO YOU HAVE A MENTAL HEALTH DIAGNOSIS? YES NO

DID YOU SERVE IN THE U.S. MILITARY? YES NO

HOW DID YOU HEAR ABOUT A PLACE FOR HOPE (AP4H)?

I UNDERSTAND THAT FALSE STATEMENTS MAY BE GROUNDS FOR TERMINATION FROM AP4H.

I UNDERSTAND THAT I AM RESPONSIBLE FOR HELPING MAINTAIN THE SAFE AND SUPPORTIVE ENVIRONMENT THAT IS AP4H MISSION.

I UNDERSTAND THAT NOT FOLLOWING THE ATTACHED EXPECTATIONS, **WHICH I HAVE READ**, MAY LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION FROM AP4H.

SIGNATURE _____ PRINT NAME _____ DATE _____

We encourage all members to volunteer to keep AP4H open, clean, and running smoothly. Please check the boxes (at least one) next to the areas that you will be able to help with as AP4H member:

Cleaning Cooking Daily Bread Social Media Fundraising Driving

Word Processing Teaching a Craft Playing Cards Planning Activities

Plant Care Board Member Office Repairs Crafting for a Fundraiser

Other: _____

Are there activities you would like to see offered at AP4H? _____

CONFIDENTIALITY AGREEMENT:

I understand that the right to privacy is of the utmost importance for all of the members of A Place For Hope, formerly The Social Connexion. Membership Documents are only available to the Executive Director and Board President and shared with the Board as it relates to any background issues or incidents that arise that need Board approval. As a member of the Center, I agree that I will treat each member with respect and dignity and keep their personal information confidential.

By Signing I agree to abide by Center Expectations and Confidentiality to the best of my ability.

SIGNATURE _____ PRINT NAME _____ DATE _____

PLEASE ATTACH THE FOLLOWING:

1. Driver's License or Photo ID Card
2. A copy of your Medical Insurance Card
3. Your PMI Number: _____
4. A copy of your COVID-19 vaccination card

Center Expectations Review

1. Please sign in when you arrive, signatures should be legible. If you have a key fob, please swipe it on the reader outside of the clubhouse door.
2. Please refrain from gossiping about other members, this includes discussing incident reports. **We need to help build each other up, not tear each other down.** We are all human; we ALL make mistakes, don't repeat what you hear about another member without their permission.
3. You are expected to clean up after yourself and share in the chores of keeping the center clean and running. Every member has gifts and talents they can contribute.
4. Borrowing of money or cigarettes is not allowed in the center.
5. No alcohol, drugs, weapons or potentially dangerous items or substances may be brought, used or sold at the center.
6. The use of offensive, provocative or slanderous language, clothing, or viewing on computers or TV are NOT permitted. There will be no sexual contact, inappropriate touching or sexual activity at the center.
7. Acts or threats of physical violence or willful destruction of property is not permitted.
8. Harassment of any type is not permitted on center premises or outside functions.
9. Smoking is only allowed in the designated area, do not throw butts on the ground.
10. Stealing from the center or any of the members is not permitted. We are not responsible for lost or stolen items. Please take care of your possessions.
11. The van is to be used for center activities and is not available for personal errands.
12. Guests, including children, must remain with the member while at the center. Members have first opportunities for food for meals and snacks. Members may only have 2 guests per week and they also need to follow the Center expectations.
13. Members will need to complete a pet form for their pet to be at the center. Pet's need to be with the member at all times, contained and/or leashed. The member is responsible for immediate clean-up of any accidents, fur, food, and water. If your pet is disturbing other members, including barking, jumping on members, biting and toileting, you will be asked to remove the pet from the club.

Violators of Center Expectations will first be given a verbal warning to stop the behavior by staff or volunteers in a calm manner. If behavior continues the member will lose privilege of that area/equipment for the day. If behavior escalates or becomes aggressive or threatening the member will be asked to leave. If the member refuses to leave, police will be called to intervene. Continued violations may result in loss of privileges or access to the center for a period of time deemed appropriate by the Executive Director and/or AP4H Board. Members on both sides of the situation are encouraged to complete incident or grievance reports located next to the sign in desk in a drawer below the phone.