



The Start of Better Things to Come

Member Participation Form

Name: _____ Address: _____

Date of Birth: _____ Phone Number: _____ Email: _____

Emergency Contact: Name: _____ Phone Number: _____

Food Allergies / Medical Conditions: _____

1. What is your primary diagnosis? _____
2. Do you have a history of severe mental illness? Y / N
3. Are you 18 years or older? Y / N
4. Are you committed to active participation in a wellness and recovery program involving working with others on daily needs and responsibilities at the Clubhouse? Y / N
5. Will you refrain from using alcohol, illegal drugs, or illicit substances of any kind at Prelude Clubhouse? Y / N
6. Do you understand that weapons/dangerous items are prohibited at Prelude Clubhouse? Y / N
7. Do you acknowledge that the use or possession of prohibited items at the Clubhouse will result in immediate dismissal from the program? Y / N
8. Are you a physical threat to yourself, others, or the Clubhouse community? Y / N
9. Do you have the ability to provide your own self-care (toileting, feeding, etc.)? Y / N
10. Do you acknowledge that the Clubhouse's member orientation is the last step necessary for membership, and is a requirement for participation in the program? Y / N
11. Do you agree to be *respectful and kind* to others at Prelude Clubhouse, including any after-hours socials or events associated with the Clubhouse? Y / N
12. Are you willing to abide by the Clubhouse International Standards? Y / N

My answers in this application are true to the best of my knowledge, and I understand that *not* following these guidelines or the Clubhouse International Standards may result in immediate dismissal from Prelude Clubhouse.

Member Signature: _____ Date: _____