On the Mark Adolescent Clubhouse Membership Application

Physical Address: 350 Montevue Lane, Frederick, MD 21702
Mailing Address: 350 Montevue Lane, Frederick, MD 21702

Member Name: **Date**

Parent/Guardian Name_____**Parent Phone**_____ **Parent Cel**

County **Home Phone**_____**Cell Phone**_____

Age: _____ **Date of Birth:**___ **Gender:** M F

Marital Status:
- ⎦ Never Married
- ⎦ Married

Race:
- ☐ Black/African-American
- ☐ White
- ☐ Asian or Pacific Islander
- ☐ Alaskan Native
- ☐ American Indian
- ☐ Other

Ethnicity:
- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Not of Hispanic Origin
- ☐ Other Hispanic

Do you have any Children?_____**Ages**_____

How did you hear about the clubhouse:
- ☐ Advertisement
- ☐ Internet
- ☐ Community Posting
- ☐ Social Services
- ⎦ Other_____
- ☐ School
- ☐ Treatment Counselor
- ☐ Dept. of Juvenile Justice
- ☐ Church
- ☐ Parent/Guardian/Family
- ☐ Friend
- ☐ Facebook
- ☐ Newspaper

Are you attending school: ☐ **Yes** ☐ **No** **School Attending:** _____

Grade_____**Highest Grade of Education Completed** _____ **HS Diploma Received:** ☐ **Yes** ☐ **No**

Would you be interested in help with school work? ☐ **Yes** ☐ **No** **Living Arrangements:**

- ☐ Living with parents/guardians
- ☐ Independent Living
- ☐ Private Residence (other than my own family)
- ☐ Group Home
- ☐ Foster Care
- ☐ Shelter
- ☐ School Dorm
- ☐ Residential Sub.Abuse Facility
- ☐ Street/Outdoors
- ☐ Other_____
- ☐ Sober Living/Transitional

Why are you interested in attending clubhouse activities?

What activities would you be interested in: _____

- ☐ Educational/Tutoring
- ☐ Employment skills
- ☐ Discussion groups on teen issues
- ☐ Exercise
- ☐ Healthy eating/cooking
- ☐ Improved family interaction
- ☐ Recreational Activities
- ☐ Money management
- ☐ Games
- ☐ Volunteer in community
- ☐ Music/Art
- ☐ Cultural Events/Plays/Museums
- ☐ Social Activities/Dances
- ☐ Family Night
- ☐ Fitness
- ☐ Sports
- ☐ Holiday Events
- ☐ Computer

☐ Other (Please list all interests) _____

Have you had any counseling in the past? ☐ No ☐ Yes, If so where? _____ **Are you cu**
_____ **Medical Condition/Concerns (Please list any medical concerns including allergies that our staff should be aware of :)** _____
_____ **Please list all Medications:** _____
_____

***FOR INHOUSE USE*: Drop in Visit (date):**_____**Active Member (date):** _____
Peer Coach Name_____**CRAFFT Completed (date):**_____

Consent signed to counselor ☐ No ☐ Yes C o m m e n t s : _____
Entered in Roster database by **Date**

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