



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

On the Mark Adolescent Clubhouse Membership Application
Physical Address: 350 Montevue Lane, Frederick, MD 21702
Phone: 301-600-1122 or 301-600-1132

Member's information:

Name: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Email: _____

County: _____ Home Phone: _____ Cell: _____

Member's Age: _____ Name of School Attending: _____

Date of Birth: _____ Gender: M F

Race:

- Black/African-American
- White
- Asian or Pacific Islander
- American Indian
- Hispanic/Latino
- Multi-Racial

How did you hear about the clubhouse?

- Advertisement /Internet/Community Posting
- School/Treatment Center
- Friend/Facebook
- Social Services
- Other _____

Are you attending school? Yes No School Attending: _____

Grade: _____

Would you be interested in help with school Work? Yes No

Living Arrangements for member

- Living with parents/Guardians
- Foster Care/Shelter
- Group Home/Residential Sub. Abuse Facility
- Homeless
- Hotel
- Other _____

Why are you interested in joining the clubhouse? _____

What activities interests you?

- | | | |
|---|---|---|
| <input type="checkbox"/> Educational/Tutoring | <input type="checkbox"/> Employment skills | <input type="checkbox"/> Discussion groups on teen issues |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Healthy eating/cooking | <input type="checkbox"/> Improved family interaction |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Money management | <input type="checkbox"/> Games |
| <input type="checkbox"/> Volunteer in community | <input type="checkbox"/> Music/Art | <input type="checkbox"/> Cultural Events/Plays/Museums |
| <input type="checkbox"/> Social Activities/Dances | <input type="checkbox"/> Family Night | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Off-site Field Trips | <input type="checkbox"/> Relaxing/place to hang out |

Have you had any counseling in the past? No Yes, If so where? _____

Are you currently seeing a counselor? No Yes, If so where? _____

May we have permission to contact your counselor? No Yes

Name of counselor: _____

Medical Condition/Concerns (Please list any medical concerns including allergies)

Staff should be aware of): _____

Please list all Medications: _____

Parent/Guardian Information:

Name: _____ Date: _____

Street Address _____

City/State/Zip _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Street Address _____

City/State/Zip _____

Home Phone: _____ Cell: _____

I give my child permission to watch movies that are: PG PG13 Both

Parent/Guardian Consent

My signature below indicates I have granted permission for my son/daughter to join the OTM clubhouse & attend off-site activities provided by the clubhouse. I hereby affirm that the information provided in this application is true & I understand that once a member signs out and is escorted outside, the clubhouse staff is no longer responsible for members or their transportation.

Parent/Guardian Signature: _____ Date: _____

Andrea L. Walker, MA, CPRP • Director, Frederick County Behavioral Health Services

Prevention, Adolescent Services, Mental Health Services ▪ 350 Montevue Lane ▪ Frederick, MD 21702

Phone: 301-600-3293 or 301-600-1755 ▪ Fax: 301-600-3298 ▪ MD TTY: 1-800-735-2258

Detention Center Treatment Programs ▪ 7300 Marcie's Choice Lane ▪ Frederick, MD 21703

Phone: 301-600-3145 ▪ Fax: 301-600-3144 ▪ MD TTY: 1-800-735-2258



On the Mark Clubhouse Rules!!

- 1. When in the van, wear your seatbelt properly at all times 😊**
- 2. Do not run in the health department halls; people are working 😊**
- 3. Do not bully other members 😊**
- 4. Be respectful to Staff members of the health department 😊**
- 5. Do not use Profanity or Curse 😊**
- 6. Be respectful of peers and staff 😊**
- 7. When in public, stay with staff unless you receive direct permission (example, to use the restrooms) 😊**
- 8. When in public, please use appropriate language & behavior 😊**
- 9. When in public, please do not horse play when we use an offsite facility 😊**
- 10. Please let staff know if you need to use the restrooms, we prefer one member at a time using the restroom 😊**
- 11. Use appropriate websites on the laptop computers 😊**
- 12. Do not take supplies from the clubhouse 😊**
- 13. Let staff know where you are going if you leave the clubhouse (example, to use the restroom) for safety reasons 😊**

Member's Signature: _____



ON THE Mark Adolescent Clubhouse

350 Montevue Lane, Frederick MD 21702

301-600-1132

VAN RULES

- **ALL PASSENGERS BEING TRANSPORTED IN THE STATE VEHICLES MUST HAVE ON A SEATBELT.**
- **IF A PASSENGER REFUSES TO PUT ON A SEATBELT, THE PASSENGER SHOULD BE PROMPTED, IF THE PASSENGER STILL REFUSES THE VAN WILL STAY AT ITS LOCATION UNTIL THAT PASSENGER PUTS ON A SEATBELT.**
- **DON'T GET INTO A POWER STRUGGLE WITH THE PASSENGER, PRESENT THEM WITH THE OPTIONS AND LET THEM MAKE THE CHOICE.**
- **IF THE PASSENGER DOES NOT COMPLY WITH YOUR PROMPTS, A CALL SHOULD BE MADE TO THE PARENT, OR CARE COORDINATOR.**
- **IF THE PASSENGER GETS UPSET AND EXITS THE VEHICLE, LET THEM GO AND CALL THE PARENT IMMEDIATELY.**
- **IF THE PASSENGER CONTINUES TO VIOLATE THE VAN RULES THEY WILL BE RESTRICTED FROM THE VAN UNTIL WE HAVE A PARENT CONFERENCE.**
- **IF THE PASSENGER BECOMES VERBALLY DISRESPECTFUL TOWARDS STAFF WHILE TRANSPORTING THEM TO THE CLUBHOUSE, PROMPT THE PASSENGER TO STOP IF IT CONTINUES DON'T GET INTO A POWER STRUGGLE WITH THEM, WAIT UNTIL YOU ARRIVE AT THE CLUBHOUSE TO ADDRESS THE CONCERN.**
- **IF A PHYSICAL ALTERCATION BREAKS OUT ON THE VAN, PULL OVER TO A SAFE LOCATION AND THE SECOND STAFF & DRIVER SHOULD ATTEMPT TO SEPARATE THE TWO PASSENGERS. IF PASSENGER CANNOT BE DE-ESCALATED THEY NEED TO BE TRANSPORTED HOME. PLEASE CALL THE APPROPRIATE PEOPLE (CARE COORDINATOR, PARENT OR DIRECTOR). ALSO PLEASE DON'T FORGET TO DOCUMENT THE INCIDENT.**

Member's Signature: _____



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

PHOTOGRAPH/ VIDEO RELEASE FORM

Authorization to Use Photographs and or Audio-Visual Material

I, _____ (printed first / last name), authorize the Frederick County Health Department (FCHD) to use photographs and/or video of me and/or my minor child(ren) for any legal purpose, including educating the community about Health Department services. Examples may include use of the photograph/video in various Health Department publications (brochures, annual report), social media, exhibits, public service announcements, or local television programs.

Description of Material (Photo/Audio-Visual)

I understand that this authorization is voluntary. I have had the opportunity to ask questions concerning this form, and any questions that I have asked have all been answered to my satisfaction.

Self / Parent or Guardian (printed name)

Self / Parent or Guardian (signature)

Date

Child's Name (first/last)

Year of Birth

FCHD Employee (witness)

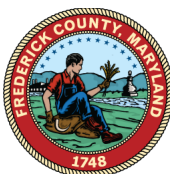
Date

Rev. 10-14; 2-15; 11-15



Barbara A. Brookmyer, M.D., M.P.H. ▪ Health Officer

350 Montevue Lane ▪ Frederick, MD 21702
Phone: 301-600-3104 ▪ Fax: 301-600-3111 ▪ MD TTY: 1-800-735-2258





Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Barbara A. Brookmyer, M.D., M.P.H. ▪ Health Officer

TRANSPORTATION RELEASE CONSENT FORM
On the Mark Adolescent Clubhouse

Subject: Transportation

At times it becomes necessary to use Frederick County vehicles to transport On the Mark members to and from activities. When this occurs, Frederick County Health Department requires that the parents or guardians sign this Transportation Release Consent Form.

By signing this form, I hereby release Frederick County Health Department, as well as its directors, administrators, employees, or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to any On the Mark activity via County vehicle transportation.

Name of Child: _____

Date(s): _____

Print Parent or guardian Name(s): _____

Parent or guardian signature (s): _____

Andrea L. Walker, MA, CPRP ▪ Director, Frederick County Behavioral Health Services

Prevention, Adolescent Services, Mental Health Services ▪ 350 Montevue Lane ▪ Frederick, MD 21702

Phone: 301-600-3293 or 301-600-1755 ▪ Fax: 301-600-3298 ▪ MD TTY: 1-800-735-2258

Detention Center Treatment Programs ▪ 7300 Marcie's Choice Lane ▪ Frederick, MD 21703

Phone: 301-600-3145 ▪ Fax: 301-600-3144 ▪ MD TTY: 1-800-735

