



Department of Parks, Recreation and Neighborhood Services

Grace Art & Wellness Program

MEMBERSHIP APPLICATION

First Name: Last Name: Date:

Name of Board & Care Home: Phone:

Address: Street City State Zip

Social Security #: Date of Birth:

Do you have Medi-Cal? Yes No Medi-Cal #:

Disability/Diagnosis: Race/Ethnicity (optional):

What are your strengths (optional)?

As a member, what can & will you contribute (optional)?

Special Needs

Do you have a history of seizures? Yes No

If yes, what type & how often?

Are you allergic to any medications? Yes No

If yes, please list:

Do you have any disabilities that require special attention? Yes No

If yes, please describe:

Do you take medications? Yes No If yes, please list below name of medication, dosage, & taken how often.

Contact Information

Name of Mental Health Clinic you receive services from:

Case Manager Name: Phone:

Psychiatrist's Name: Phone:

Conservator/Rep Payee Name: Phone:

In Case of Emergency, CALL: Phone:

I have read and understand the Eligibility information and Center Rules. I also understand that by signing below I give permission to the Staff to exchange information with the above contacts.

Participant's Signature: Date:

If case manager referral, signature is required:

If conserved, conservator's signature is required:

<u>Grace Art & Wellness Center Rules:</u>	Member Initial
1. You must follow Staff directions.	
2. The use of illegal drugs and/or alcohol on the premises or prior to attending the center is NOT tolerated. Individuals suspected to be under the influence of illegal drugs and/or alcohol will be asked to leave immediately.	
3. Weapons of any kind or objects that could be used as a weapon are NOT allowed in the center at any time. Staff will confiscate all weapons. If the weapon is not relinquished to staff, you will be asked to leave immediately and your membership will be in jeopardy.	
4. Verbal threats, unwanted physical contact, and/or threatening behavior (including yelling and posturing) are NOT tolerated. Anyone making threats to harm persons and/or property will be suspended from the program and reported to the Police.	
5. Swearing or abusive language is NOT permitted in the Center at any time.	
6. Sexual behavior is NOT permitted on the premises at any time.	
7. Discrimination or harassment towards any Staff or member is strictly prohibited. Members exhibiting this behavior will be asked to leave.	
8. Stealing is NOT tolerated. Anyone caught stealing will be suspended from the program and reported to the police.	
9. Panhandling, borrowing, buying, selling, trading, or lending is NOT permitted at any time. Repeat offenders will be suspended.	
10. You are responsible for all personal items brought to the Center. Do not leave items unattended. Staff is not responsible for your personal items. You may NOT store personal items in the Center at any time. Do not bring large items such as rolling carts or strollers, suitcases, sleeping bags, or garbage bags to the Center.	
11. Participants must abide by appropriate codes of hygiene (this includes being showered and wearing clean clothes) and appropriate codes of dress (fully clothed including shirt and shoes).	
12. Sunglasses are not to be worn inside the center.	
13. Sleeping in the Center is not permitted.	
14. There is NO loitering outside the facility.	
15. Smoking is permitted in the designated smoking areas ONLY.	
16. Radios are NOT permitted without headphones (a Walkman played softly with headphones is acceptable).	

Grace Art & Wellness Program

WHAT HAPPENS IF I BREAK THE RULES?

Behavioral problems will result in suspension from the program until the participant attends a staff meeting. An intervention may be offered as a condition to future participation. For example, returning may be contingent upon the successful completion of 6 weeks of the Therapeutic Art & Wellness Program's Anger Management Program.

Therapeutic Outing Program Participant Liability Release

The undersigned, in consideration of participation in Therapeutic Art & Wellness' Outing Program, hereby agrees to indemnify and hold harmless the City of San Jose, their officers and employees, and any organization co-sponsoring the Therapeutic Art & Wellness Outing Program, from and against any and all liability for any injury and/or death that may result from, or is in any way connected with my outing attendance, except in the case of the sole willful act or sole active negligence of the City of San Jose, it's officers, agents or employees.

I further hereby agree that I will not leave the organized program at any time between the scheduled departure and return times without notifying the Outing Program Staff. if I do leave a program prematurely, I hereby agree not to hold the City of San Jose, their officers and employees, and any organization co-sponsoring the Therapeutic Art & Wellness Outing Program, responsible in any way for my security, and I will no longer be considered a participant of the Therapeutic Art & Wellness Outing Program.

I have read, understand, and agree to the above terms.

Signature: _____ **Date:** _____

If under conservatorship:
Conservator's Signature: _____ Date: _____

Grace Art & Wellness Program

PERMISSION TO PHOTOGRAPH, VIDEO, AND/OR VOICE RECORD

I, *(Name of Client)* _____, give the Therapeutic Art & Wellness Program permission to photograph, video, and/or record my voice while participating in programs and activities. I have been informed and understand that the images/recordings will be used only in promotional and marketing tools, such as brochures, program posters, display boards, public awareness, and educational packages, etc. I also understand that my name will be kept confidential always.

Participant's signature (if conserved, conservator's signature required)

Date

Witness signature

Date