



Member Application

Mountain View Directions

Walking hand in hand, inspiring families to grow out of poverty.

Contact Information

Name:			
Birth Date:			
Phone:	Home:	Cell:	
Address:			City:
Email:			
Best way to reach you			

Availability

Meetings generally take place on Monday or Thursday evenings.

Are you available on that time/day? ____ yes ____ no

Primary Criteria

_____ Speak and read English

_____ Motivated (interested in learning and applying new ideas)

_____ Willing to build intentional relationships across class and cultural lines

_____ Family supports and encourages involvement in Directions program

_____ If history of alcohol or other **addiction** in the past has been in recovery for *at least 6 months*

_____ I have relatively stable housing

_____ I am not currently dealing with domestic abuse

Employment Information

Are you currently employed? ____ yes ____ no

If so, where? _____

How long have you worked there? _____

Do you currently get any assistance? IE: food stamps, SSI, unemployment?

____ yes ____ no

Family size (living with you) _____

Monthly income _____

Are you interested in getting a job? ____ yes ____ no

Have you ever taken a career interest assessment? ____ yes ____ no

If so, what did it say about you? _____

Do you have any learning disabilities? ____ yes ____ no

If so, what? _____

Have you ever been diagnosed with a mental illness? ____ yes ____ no

If so, what? _____

Family Information

Spouse or significant other _____

Child name:

Birth date:

need childcare?

Child name:	Birth date:	need childcare?

Background Information

1. How did you hear about Directions?
2. What about being a Directions Member is of interest to you?

3. What would you like a Directions Guide to know about you?

4. What behaviors do you find most frustrating in people?

5. I am really good at:

6. I am not so good at:

*Please note: the questions below will not necessarily exclude you from the program.
(background checks will be required for participating in any activities where children are present.)*

7. Have you ever been convicted on a felony? ____ yes ____ no

8. Currently pending court cases? ____ yes ____ no

9. Any active warrants? ____ yes ____ no

If yes, please explain:

Person to notify in case of an emergency:

Name: _____

Address: _____

Phone: _____

Email: _____

Agreement and confidentiality statement:

As a participant of Mountain View Community Center Directions program; I understand that I must ensure the confidentiality and privacy of all those who participate including Guides, volunteers and staff. I further understand that the facts, thoughts and feelings shared in the Directions meetings are to be kept private and confidential, and at no time shall I disclose personal information that is shared in Directions.

Name (printed): _____

Name (signed): _____ date: _____

Thank you for your interest in Mountain View Community Center Directions