



# San Bernardino Sober Living Coalition

**FIELD ORGANIZING OFFICE**

P.O. Box 1040 S. Mt Vernon Ste. G

Colton, Ca. 92392

(909) 322-2243 Email: gabenyl@yahoo.com

## MEMBERSHIP APPLICATION

Existing Member Renewal       1<sup>st</sup> residence (\$150.00+60.00 Legal Defense fund)       additional residence (\$50)

New Member       1<sup>st</sup> residence (\$150.00+60.00 Legal Defense fund)       additional residence (\$50)

### Section I: Residence Information (please submit one application per residence)

Residence name: \_\_\_\_\_

Residence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP \_\_\_\_\_

Date Sober Living residence established \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website address (if different from member web address): \_\_\_\_\_

Residence is  owned by member     leased from third party     leased from person or entity related to member

Type of structure:  single family detached house     Apartment building     One or more apartment units

Condominium unit(s)     Duplex or triplex     Other: \_\_\_\_\_

Number of bedrooms: \_\_\_\_ Number of bathrooms: \_\_\_\_ Other available space: \_\_\_\_\_

One Story     Two Story     Other: \_\_\_\_\_

Pool?  yes     no

Resident capacity: \_\_\_\_ Serving:  Men     Women     Women with Children     Co-ed     Men with Children

Other population (list here): \_\_\_\_\_

Resident fees: Basic monthly \$ \_\_\_\_\_

More than one fee for accommodations in this residence?  yes     no

Is food included as part of resident fees?  yes     no

### Section II: Member Information (information on the organization or individual operating this residence)

Member/applicant name: \_\_\_\_\_

Type of organization:  corporation     partnership     limited liability company (LLC)     sole proprietorship  
 nonprofit corporation     nonprofit-other     unincorporated entity     other

Member/applicant business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Website address: \_\_\_\_\_

Number of recovery residences operated by this organization: \_\_\_\_

Does applicant own or operate a licensed alcohol & drug or mental health program or facility?  yes     no

If yes, name of licensed program(s) or facility(ies): \_\_\_\_\_



# San Bernardino Sober Living Coalition

**FIELD ORGANIZING OFFICE**

P.O. Box 1040 S. Mt Vernon Ste. G

Colton, Ca. 92392

(909) 322-2243 Email: gabenyl@yahoo.com

## Section III: Contact Information (member, residence, Network website)

### Principal business contact for this member organization:

Name: \_\_\_\_\_ Position title or duties: \_\_\_\_\_

Principal contact phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Principal contact email: \_\_\_\_\_

### Responsible person for this residence (Manager, senior resident, peer leader, house captain or equivalent):

Name: \_\_\_\_\_ Position title or duties: \_\_\_\_\_

Responsible person phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Responsible person email: \_\_\_\_\_

### Residence contact information to appear on the Sober Living Network website:

Website contact name \_\_\_\_\_

Website contact phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Website contact email \_\_\_\_\_

## Section IV: Training (member and home)

Has someone active in the management of recovery residences for this organization completed the Developing & Operating Quality Sober Living Homes workshop?

yes  no

If yes, person completing workshop: \_\_\_\_\_ Date training completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job title, organizational role or duties: \_\_\_\_\_

Has someone active in the operation or peer support for this residence completed the Leadership Training workshop?

yes  no

If yes, person completing workshop: \_\_\_\_\_ Date training completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job title, organizational role or duties: \_\_\_\_\_

## Section V: Additional Support Information (optional information for internal referral purposes only)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you accept residents with pets?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is your home Handicap accessible?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you offer special accommodations for Veterans? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you accept residents without initial payment?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is your Home LGBT Only ?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is your Home or LGBT friendly?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## Section VI: Applicant affidavit and signature

Have you read, and do you agree to abide by the Code of Ethics?  YES  NO

Are you willing to fully participate in Coalition and Chapter activities?  YES  NO

Have you read and do you understand the Coalition membership requirements?  YES  NO

Have you reviewed the health, safety and management requirements?  YES  NO

*I hereby attest that the above information is true and complete, and that I am authorized to execute this application on behalf of the applicant. Applicant hereby requests membership in The San Bernardino County Sober Living Coalition.*

\_\_\_\_\_ Date \_\_\_\_\_

(Signature) legal representative of applicant

Name (please type or print) \_\_\_\_\_