

# VENTURA COUNTY SOBER LIVING COALITION

*Proud members of the Sober Living Network*

Field Office 8739 Boise St Ventura, CA 93004 Phone: (805)415-7800 Email: talcrox.c@gmail.com

For instructions, forms, and other information, visit [soberhousing.net](http://soberhousing.net)

## MEMBERSHIP APPLICATION

- New & Reinstate Member \$225 for 1<sup>st</sup> house \$175 for all additional houses
- Existing Member Renewal \$175 for 1<sup>st</sup> house \$100 for all additional houses

SL Home Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SL Home Address: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Website Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**OPERATOR TYPE:**  Nonprofit Corporation  Proprietary  Affiliated W/Treatment Program

Name of Owner, Corporation or Program: \_\_\_\_\_

**TYPE OF STRUCTURE:**  House  Apartment Building  Other \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Other Available Space: \_\_\_\_\_

Guest Capacity: \_\_\_\_\_ Serving:  Men  Women  Women w/Children  Co-ed

Guest Contribution: \$ \_\_\_\_\_ Date Home Started as a SL: \_\_\_\_\_

Are you willing to fully participate in the Ventura County SL Coalition?  YES  NO

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

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

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

\*\*I hereby verify the above information and request membership in the Sober Living Network.

\_\_\_\_\_  
(Signature) Sober Living Home Operator

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Membership Fee \$ \_\_\_\_\_ cash / check # \_\_\_\_\_

Copies of Training Certificates

Signed Code of Ethics

General Liability Insurance Endorsement

Home Brochure or Info Sheet

Guest Agreement

Rules, Regulations and/or Policies

Guest Application and Information Form

Inspection Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Discrepancies Noted:  YES  No Date QC Site Review Page sent to home: \_\_\_\_\_

This Sober Living Home meets all of the Sober Living Network and Ventura County Sober Living Coalition membership requirements and is approved

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate prepared and delivered: Date: \_\_\_\_\_ By: \_\_\_\_\_