

RIVERSIDE COUNTY SOBER LIVING COALITION

Proud members of ~ Network of Recovery ~ Sober Living Network

Call for an inspection appointment: Sharon Jackson 951-591-0362

For instructions or further information please visit www.soberhousing.net

MEMBERSHIP APPLICATION

☐ 1st Home \$300 ☐ 2nd Home \$200 ☐ Additional Home(s) \$100

☐ New Home ☐ Renewal

SL Home Name: _____ Date: ____/____/____

SL Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Referral Contact Name: _____ Phone: _____

Email Address: _____ @ _____

Web Address: _____

TYPE OF DWELLING: ☐ House ☐ Apartment Building ☐ Other: _____

Serving: ☐ Men ☐ Women ☐ Women w/children ☐ Co-ed

Total # Beds: _____

Bedrooms: ____ Bathrooms: ____ Other Available Space: _____

Monthly Fee \$ _____ Date Home Started as SL: _____

Are you willing to participate in the Riverside 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

Do you understand if you miss 3 consecutive / or 4 total Coalition

Meetings per year you will be removed from membership immediately? ☐ YES ☐ NO

I hereby verify the above information and request membership in the Riverside County Sober Living Coalition.

(Signature) Sober Living Home Representative

Date

FOR OFFICE USE ONLY

MEMBERSHIP REQUIREMENTS CHECK LIST – APPLICATION WILL NOT BE ACCEPTED IF ALL OF THE FOLLOWING ARE NOT PREPARED

☐ **Riverside** Membership Application

☐ Sober Living Rules & Guest Agreement

☐ Liability Insurance Declaration Page (min. \$500K)

☐ Code of Ethics signed

☐ Training Certificate(s) copies

☐ Membership Fee Paid \$ _____ check# _____

Inspection Completed by: _____ Date: _____

Corrections Needed: ☐ YES ☐ NO Actions taken: _____

This sober living home meets all the coalition membership requirements and is approved for membership.

Approved By: _____ Date: _____

Riverside County Sober Living Coalition Field Organizer Office

☐ Home added to Sober Living Network Website: By: _____ Date: _____

☐ Certificate prepared and delivered: By: _____ Date: _____

✓ Certificate sent via: ☐ Email ____/____/____ ☐ USPO ____/____/____ ☐ Hand Delivered ____/____/____