



## Membership Application

The VSP Club is designed to provide recreational activities to cognitively and developmentally disabled teens and adults in a **comfortable** and **safe** atmosphere. The VSP Club is a safe and welcoming environment where individuals can be dropped off, allowing parents and guardians to enjoy a respite while the Club members enjoy leisure time activities in a peer group environment.

Date of Application:    \_\_\_ / \_\_\_ / \_\_\_  
   mm    dd    yyyy

Member Name:    \_\_\_\_\_    Birthdate:    \_\_\_ / \_\_\_ / \_\_\_  
   First / Last     mm    dd    yyyy

Address:    \_\_\_\_\_    City & State/Zip    \_\_\_\_\_

Member Cell Phone #: (    )    \_\_\_\_\_

Parent / Guardians Name:    \_\_\_\_\_

Home Phone: (    )    \_\_\_\_\_    Cell Phone: (    )    \_\_\_\_\_

Work Phone: (    )    \_\_\_\_\_

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

How did you learn about VSP Club?     Friend     Website

Family Member     AngelWorks    Other: \_\_\_\_\_

### Physical Description of Applicant:

Sex:    \_\_\_\_\_    Height:    \_\_\_\_\_ ft    \_\_\_\_\_ in.    Weight:    \_\_\_\_\_ lbs.

Eye Color:    \_\_\_\_\_    Hair Color:    \_\_\_\_\_

Eye Glasses:    Yes    No    (circle one)

**Medical Information**

Primary Diagnosis:

Secondary Diagnosis:

Medical Conditions / Allergies:


Possible Barriers to Leisure and Recreation Participation


**Leisure Interests**

Check all that apply

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Games     | <input type="checkbox"/> Gardening  | <input type="checkbox"/> Gaming Systems/Video Games |
| <input type="checkbox"/> Cards     | <input type="checkbox"/> Music      | <input type="checkbox"/> Creative Wiring            |
| <input type="checkbox"/> Crafts    | <input type="checkbox"/> Puzzles    | <input type="checkbox"/> Reading                    |
| <input type="checkbox"/> Pets      | <input type="checkbox"/> Sports     | <input type="checkbox"/> Art                        |
| <input type="checkbox"/> Outings   | <input type="checkbox"/> Television | <input type="checkbox"/> Other (specify)            |
| <input type="checkbox"/> Exercises | <input type="checkbox"/> Computer   |   |

## Leisure Preferences

1. How often does the member participate in leisure activity? \_\_\_\_\_
2. What types of leisure does the member prefer? (social, creative, active, etc.)  
\_\_\_\_\_
3. Does the member prefer to engage in leisure with others or with oneself?  
\_\_\_\_\_
4. Does the member enjoy stimulating or soothing activities?  
\_\_\_\_\_
5. Does the member enjoy new activities and challenges? \_\_\_\_\_

Does the member participate in any other leisure or social activities within the community? \_\_\_\_\_ If yes please elaborate.

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Contact Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

- The VSP Club is designed for individuals who do not need assistance with activities of daily living, such as, but not limited to toileting, dressing, transferring, bathing, etc.
- The VS Club cannot accept individuals who have behaviors that are disruptive or aggressive towards others and who are a danger to themselves or others

- The VSP Club cannot provide any type of medical care or render any type of medical judgment of any kind. The VSP Club cannot administer any type of medication and non-prescription medications
- The VSP Club requires a 120 day trial period for both the benefit of the individual and the VSP Club. If, at the end of the 120 days, the individual or the VSP Club decides that the VSP Club does not meet the needs of the individual, the membership to the VSP Club will be terminated and a refund of the membership fee will be mailed to the parent or legal guardian within 14 days of the decision to terminate membership.
- The VSP Club and Angel Guardians, Inc. reserve the right to terminate memberships to the VSP Club at any time.
- If Angel Guardians, Inc. approves the applicant's offer of membership, applicant agrees to and shall pay an annual membership fee in the amount of **\$48.00**, due upon application, and then annually every January 1<sup>st</sup>. The membership fee is in addition to a per-event when using the club and any other fees for special events and activities.

The undersigned hereby applies to become a member of the VSP Club. The only benefit that the undersigned anticipates receiving is the use of Angel Guardian, Inc.'s facility located at 15677 Spaulding St. Omaha, NE 68116. By executing this document, the undersigned has read, understands and agrees to abide by all the covenants and restrictions listed in this application and have filled out all information truthfully. By executing this document, the undersigned agrees to abide by and to be bound by applicable waivers and releases.

Parent / Legal Guardian: (Print Name) \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/ Legal Guardian: (Signature) \_\_\_\_\_

Date Signed: \_\_\_\_\_

The foregoing application was Approved (or Denied)

By Angel Guardians, Inc. on \_\_\_\_\_  
mm ddd yyyy

By: \_\_\_\_\_

Title: \_\_\_\_\_

VSP Applicant Name: \_\_\_\_\_

Date applied: \_\_\_\_\_

**Office Use Only**

Membership Fee \_\_\_\_\_ Received \_\_\_\_\_ by \_\_\_\_\_

Welcome Letter Mailed on: \_\_\_\_\_

NE SOR records checked on: \_\_\_\_\_ by \_\_\_\_\_ No Records Found: \_\_\_\_\_  
Records Found: \_\_\_\_\_

Medical/Behavioral Questions Addressed with RN Consultant on: \_\_\_\_\_

Advisement

\_\_\_\_\_

\_\_\_\_\_