



LIFE CENTER

A COMMUNITY INCUBATOR

COMMUNITY ENRICHMENT SAFE-SPACE

THE VILLAGE MEMBERSHIP APPLICATION

This form must be completed in full for membership to be granted.

Dear Village Applicant,

Welcome to The LIFE Center Inc. We are a one of its kind, commUNITY incubator. Established to provide equitable access to community based programming, Social & Emotional Learning Opportunities, early mental health assessment and Prevention & Intervention Resources to community youth and families with or without a qualifying event or coverage.

We are thankful that you have chosen to be apart of "The Village" here at The LIFE Center. We truly believe in collaboration and the collective impact off commUNITY.

Please Check Your Desired Membership Service Needs

___ Village High Risk Behavior Intervention (HRBI- ages 12-23) ___ Village Parent & Family Support
___ Village Teen LIFE Coaching & Mentorship (12-19) ___ Village Mentoring Program
___ Village Community Based Programs (Ages 7+) ___ Clinical Mental Health Services (Pre-Screen/Full-Assessment)

VILLAGER SECTION

Name : _____ phone: _____

Email: _____ Zip Code _____

Mailing Address : _____

Parent / Guardian Name: _____

Age: ___ Birthday _____ School Attending _____ Grade ___ GPA _____

PARENT VILLAGER SECTION

Name : _____ Phone: _____

Email: _____ Zip Code _____

Mailing Address : _____

Are You Currently Employed? (Y/N) ___ If yes, where _____ Years _____

Would you be interested in our work readiness support services? (Y / N) _____

Would you be interested in joining our Village Parent Support Group? (Y / N) ___

CONSENTS (DO NOT SKIP THIS SECTION)

☐ I agree not to hold The LIFE Center liable or responsible for any loss or injury sustained by my Child arising in connection with his/her participation in the program.

☐ By checking this box, I acknowledge that I am not under the tertiary services (dependency case management) with the local CBC or subcontracted providers.

☐ I consent to DJJ and all cooperating agencies and institutions to share information regarding my child for the benefit of my child's progress in participation with this program.

HOUSEHOLD QUESTIONNAIRE

Has the family ever received SNAP Benefits? (Y / N) If So, When ___ 12mo + ___ 6mo - 12mo ___ 0 - 3mo

Has anyone in the family been incarcerated Y / N ? If So, When ___ 12mo + ___ 6mo - 12mo ___ 0 - 3mo

School Attended _____ Grade _____ GPA _____

PARENT ENGAGEMENT & VOLUNTEER AREAS

HOW CAN YOU CONTRIBUTE TO THE VILLAGE?

___ LIFE Coaching ___ Mentoring ___ Parent Mentoring ___ Transport Driver
___ Clinical Services ___ Volunteer ___ Tutoring ___ Sponsorships ___ Athletics
___ Gaming ___ Groups & Workshops ___ Trips

Villager Signature: _____

Parent/Guardian Signature: _____

Date: _____

DO NOT FILL OUT THIS SIDE
For Internal Use (We Are All We Need Staff) ONLY

OFFICE FILING

Application #: _____

Approval Signature: _____

Date: _____