

**SIDE BY SIDE BRAIN INJURY CLUBHOUSE MEMBERSHIP APPLICATION**

**Side by Side Brain Injury Clubhouse 1001 Main Street, Stone Mountain, GA. 30083  
Phone 770-469-9355 Fax 770-469-9385**

Name _____	SSN _____		
Birth date _____	Gender _____	Home Phone _____	County _____
Address _____			
Email _____	Cell phone _____		
Emergency contact name/relationship _____			
Emergency contact phone/address/email _____			
Do you have a guardian? _____ Guardian name/phone/email _____			
_____			
Transportation Contact Name and Phone _____			

Case Manager name/phone/email \_\_\_\_\_

How and when did your injury occur?

\_\_\_\_\_

What limitations do you currently have as a result of your disability?

\_\_\_\_\_

What would you like to accomplish as a member of Side by Side Clubhouse?

\_\_\_\_\_

What skills and talents could you bring to the Clubhouse?

\_\_\_\_\_

When do you want to start? \_\_\_\_\_ Which days? M T W TH F

Work Unit Preference: Kitchen / Business / Maintenance/ Not sure

Special Needs (attendant, equipment, dietary, etc.) \_\_\_\_\_

Education completed \_\_\_\_\_

Did you, the potential member complete these questions? If not, who assisted you and what type of assistance did you need? \_\_\_\_\_