



INFINITY PEER SUPPORT NEW MEMBER INFORMATION SHEET

Welcome to INFINITY PEER SUPPORT!

To be eligible to join Infinity Peer Support, an individual must be a resident of New Hampshire and age 18 years or older. There are no fees for any of the services we offer.

All information requested below is strictly confidential and for State of New Hampshire statistical purposes only.

Today's Date: _____

Name (Please Print): _____

Street Address: _____

City: _____ **State:** NH **Zip Code:** _____

Telephone: (____) _____ **Email Address:** _____

Age: _____ **Birthdate:** _____ **Transportation Needed:** _____

Emergency Contact Person: _____ **Relationship:** _____

Telephone Number: (____) _____ **Cell #:** _____

What are your goals? _____

What are your interests? _____

My signature below indicates I wish to become a member of Infinity Peer Support.

I have read and understand the Infinity Peer Support House Rules and Values. I acknowledge my obligation to respect the confidentiality and privacy of fellow members, particularly confidences shared in "support groups".

Signature

Date

For Staff Only:

Notes: _____

