



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 Strafford County, New Hampshire and be 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: _____ Last Renewal: _____ Record ID: _____

Name (Please Print): _____

Street Address: _____

City: _____ State: NH Zip Code: _____

Telephone: (____) _____ Email Address: _____

Age: _____ Birthdate: _____ Transportation Needed: _____

Gender: _____ Race: _____ Ethnicity: _____

Emergency Contact Person: _____ Relationship: _____

Telephone Number: (____) _____ Cell #: _____

What are your goals? _____

What are your interests? _____

(Other Side)

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: _____
