

# mindful makers collective

## membership application

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

Name & Pronoun(s): \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency contact (optional) : \_\_\_\_\_

First & Last Name

Phone

Relationship: (i.e. partner, friend, relative): \_\_\_\_\_

1. Do you self-identify as someone with mental health or addiction experiences?

Yes

No

2. What do you create & what are your creative goals? What do you hope to achieve from your experience as a member of Mindful Makers?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please circle your primary artistic area of interest:

Theatre

Literary

Music

Film

Visual Arts

Fibre Arts/Craft

4. What other artistic area(s) are you interested in pursuing?

\_\_\_\_\_

5. Are there any health conditions what we may need to be aware of in case of an emergency?

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6. (optional) Knowing that things may come up for member artists during their time with us, would you like to share one small way that we can support you if/when something comes up? (For example: “suggest I go for a walk or cuddle my cat,” “ask if I have had something to eat,” “tell me to read my favourite poem” or “just let me do my thing”).

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7. What is your preferred mode of communications with Mindful Makers?

Email          Call / text          direct message on FB / Instagram

Face-to-face    other: \_\_\_\_\_

Mindful Makers Collective respects people’s privacy and will protect your information with appropriate safeguards and security measures.

Members are invited to help create a space that is comfortable and safe. By participating in our programs, it is understood that you will honour our Community Agreement (aka Code of Conduct) laid out in our Membership Handbook. Unwillingness to follow our community agreements and polices may result in membership suspension or termination.

I understand that by signing this application form and participating in programs with Mindful Makers, I will be identifying myself to the public as someone who self-identifies with having mental health and/or addiction experiences.

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Training Coordinator

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Member Signature

Notes:

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