



# Coachella Valley Sober Living Alliance

## MEMBERSHIP APPLICATION

SL Home Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_  
SL Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_

TYPE OF DWELLING:  House  Apartment Building  Other: \_\_\_\_\_  
Serving:  Men  Women  Women w/children  Co-ed Total # Beds: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Other Available Space: \_\_\_\_\_  
Monthly Fee \$ \_\_\_\_\_ Date Home Started as SL: \_\_\_\_\_

\*There is no fee for membership or inspection\*

Are you willing to participate fully in the CVSLA? Initial \_\_\_\_\_

Have you reviewed and agree to the health, safety, and management requirements? Initial \_\_\_\_\_

Do you agree to yearly inspection of your home, and as needed inspection. Initial \_\_\_\_\_

Do you agree to attend the monthly meeting? Initial \_\_\_\_\_

No More than 3 absences from monthly meeting per calendar year. **Two consecutive Absences from the meeting will temporarily remove home from outreach sheet for the respective month.)** Any representative may attend. Initial \_\_\_\_\_

**If more than 3 absences occur within a calendar year. The member must attend 3 consecutive meetings before being readmitted into the alliance. This will apply to website and outreach sheet. Initial \_\_\_\_\_**

**Prospective Members currently operating SLE will be voted in by current members. Initial \_\_\_\_\_**

**Prospective members must attend 3 consecutive meeting before application goes to vote. Initial \_\_\_\_\_**

**Current Alliance member can vote to have a current alliance home removed from the alliance for any reason. 2/3 majority vote required. Initial \_\_\_\_\_**

Operation costs will be divided equally between members. Initial \_\_\_\_\_

Willingness to contribute to Alliance expenses when applicable. Initial \_\_\_\_\_

I understand that the Alliance will be conducting a full investigation into any Sober Living looking to join the Alliance. This will include any owners or operators, as well as past guests or clients. Initial \_\_\_\_\_

Has your organization ever been set up with HHope funding, county funding, recovery residence or any other government programs? Are you currently accepting individual from any of these programs?

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Have you or your organization ever lost a county or government program? Lost funding or have been removed from referral. Please Explain

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Are you in Recovery? How long have you been clean? \_\_\_\_\_

Are any other operators, managers or affiliates working for your sober living in recovery? How long have they been clean?

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Since Operating your sober living have you or any employees relapsed? If yes, please explain.

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Would you be willing to take a drug test? \_\_\_\_\_

Are you or any of your employees 290 registrants? \_\_\_\_\_

Since Operating your sober living has there ever been a lawsuit filed against you or your organization from a past or current guest/ client?

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Do you yourself own the property or do you rent, lease, or have some other agreement? If no please explain.

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How Often do you drug test your guests? Method of administration? Cups, Breathalyzer?

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In a brief Summary why do you want to join the alliance? What do you expect to get from Alliance membership?

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I hereby verify the above information and request membership in the Coachella Valley Sober Living Alliance.

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

\_\_\_\_\_  
(Signature) Sober Living Home Representative