

Office Use Only

Date Application Received: _____ Date Approved: _____



International Life Services

Membership Application

GENERAL CENTER INFORMATION

Date Center Opened _____

Proposed Date To Open _____

Center Name _____

Director Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mails _____

Websites _____

Current Affiliations, Associations, Memberships

CENTER OPERATIONAL INFORMATION

Days/Hours Center is Open To Clients _____

AVERAGE MONTHLY CENTER CLIENT BREAKDOWN

Number of Clients Seen By Appointment _____

Number of "Drop-Ins" _____

Number of Telephone Calls _____

ADMINISTERING PREGNANCY TEST?

Do you offer pregnancy test? ☐ Yes ☐ No

What procedure is used for giving pregnancy test?

☐ Self-Administered by clients

☐ Administered by staff

☐ Other (please explain) _____

Who gives the test results to the client? _____

Approximately how many tests were given in the last calendar year? _____

WHAT OTHER SERVICES DO YOU PROVIDE CLIENTS

☐ Volunteering ☐ Clothing ☐ Furniture ☐ STD Testing ☐ Other _____

VOLUNTEERING STAFF

Number of Center Volunteers _____

Briefly explain what training your center provides to volunteers.

Briefly explain what on-going, in-service training your center provides to volunteers.

What methods of evaluating and monitoring volunteering staff do you use?

OFFICE ADMINISTRATION STAFF

Number of Office Administration Staff _____

List different office positions.

HOTLINE SERVICES

Do you have a hotline? ☐ Yes ☐ No

How many hotlines volunteers do you have? _____

What training do your hotline volunteers receive?

What methods of evaluating and monitoring hotline volunteers do you use?

If you use another hotline service please list that information here.

CENTER INSURANCE

Does your center have insurance coverage? ☐ Yes ☐ No

List type of insurance you have.

☐ General Liability – Name of provider. _____

☐ Professional Liability – Name of provider. _____

☐ Other _____

LEGAL INFORMATION

Legal Name of Center _____

Is your center a legally recognized non-profit entity under the laws of your state?

☐ No ☐ Yes Date of Incorporation _____

Has your center received a 501(c)(3) tax exempt status with the IRS?

☐ No ☐ Yes ☐ Pending, date of application to the IRS? _____

Are you a licensed clinic? ☐ Yes ☐ No

Does your center participate in or promote any illegal activities? ☐ Yes ☐ No

Has your center had any legal action/cases made against it? ☐ Yes ☐ No

If yes please explain.

Name _____ Title _____

Signature _____ Date _____

Questions? Call 213-382-2156 or E-mail us at lifeservices@juno.com

Return Application To:

International Life Services, 2606 ½ West 8th St. Los Angeles, CA 90057