



Apprentice Application Form

Please send completed form and a recent photograph to:
Compos Mentis
PO Box 58
Ithaca, NY 14851

(please print)

Name _____

Address _____

Phone (Home) _____

Phone (Cell) _____

e-mail _____

If the above is not your permanent address, please provide it.

Address _____

Social Security Number _____

Date of Birth _____

Gender _____

Marital Status _____

Where will you live if you become an Apprentice at Compos Mentis?

What have you been doing for the past year? _____

If you have been hospitalized anytime in the last 5 years, please complete the information below:

Date	Length of Stay	Hospital
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What would you like to be doing 6 months from now? _____

3 years from now? _____

How do you feel about being outdoors? _____

How do you think Compos Mentis might help you? _____

What are your concerns about Compos Mentis? _____

Is there mental illness in your family? If so, please tell us about it. _____

Is there anything else you would like us to know about you? _____

Are you under the care of a Psychiatrist or Nurse Practitioner? _____

Name _____

Address _____

Phone Number(s) _____

E-mail _____

Do you take medication? _____

Please list: _____

Do you receive psychotherapy from a psychologist, social worker or other licensed professional? _____

Name _____

Address _____

Phone Number(s) _____

E-mail _____

Health Care Provider (other than psychiatrist or psychiatric nurse):

Name _____

Phone _____

Family/Friends Participation

Do you have family members or friends who would support your being an Apprentice at Compos Mentis by volunteering, attending Compos Mentis events such as monthly Pot Lucks and consulting with CM staff as needed to support your progress in the program?

If so, and with their permission, please provide the following information:

1. Name _____

Phone _____ email _____

2. Name _____

Phone _____ email _____

3. Name _____

Phone _____ email _____

Whom should Compos Mentis contact in the case of an **Emergency?**

1. Name _____

Phone _____ email _____

2. Name _____

Phone _____ email _____

Physical Health

The work at Compos Mentis can be challenging for those unaccustomed to physical outdoor activity. Please indicate possible challenges that you are aware of.

1. Allergies _____

Bee stings? _____ Do you carry an Epi Pen? _____

2. Special Dietary Needs _____

3. Physical Limitations _____

4. Current Physical Illnesses _____

I agree to abide by the following rules while at Compos Mentis:

I will not harm another person verbally or physically

I will not attempt suicide or harm myself in any way

I will not sexually impose myself on another person

I will not come to Compos Mentis under the influence of alcohol or unprescribed drugs

[] I will arrive and leave at the scheduled times.

[] I will participate in the programmed activities.

Consent to Exchange Information About Me With My Treatment Providers and Family

I agree to allow Compos Mentis to contact my treatment providers and family to obtain information relevant to my application to become an Apprentice.

Signature _____ Date _____

If I become an Apprentice at Compos Mentis, I give Compos Mentis permission to discuss my needs and progress with my treatment providers and family.

Signature _____ Date _____

The Compos Mentis Summer Program runs from May through October and we believe that those Apprentices who stay for the entire season derive the most benefit. We strongly encourage you to attend for the entire 6 months. We require a minimum commitment of 1 month.

The fee is \$600 to be paid one month in advance. We may have some partial scholarships available in the case of documented need. If you are unable to pay the full fee, please ask about the possibility of a scholarship when you come to your Admissions Interview.

I understand that I will be expected to participate in the Compos Mentis program from 9AM to 3PM, 5 days a week, with occasional time away for medical appointments. I also understand that payment will be due one month in advance for continued participation in the program.

Signature _____ Date _____

Please enclose a recent photo that shows your face clearly. We will keep the photo in your file for identification purposes.