



# WOMEN'S REFUGE OF VERO BEACH

## APPLICATION FOR RENEWAL WEEKEND

TWO OPTIONS TO SEND COMPLETED APPLICATIONS:

1. EMAIL [INFO@WOMENSREFUGEVB.ORG](mailto:INFO@WOMENSREFUGEVB.ORG)
2. FAX 772-770-2779

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARITAL STATUS: Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorce \_\_\_\_ Widowed \_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOU TAKE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE ANY PHYSICAL LIMITATIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY DIET RESTRICTIONS? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ALLERGIES \_\_\_\_\_

\_\_\_\_\_

PLEASE CHECK OFF ANY OF THE BELOW THAT DESCRIBE YOUR CURRENT CONCERNS

<input type="checkbox"/>	Abuse	<input type="checkbox"/>	Codependency	<input type="checkbox"/>	Past Trauma	<input type="checkbox"/>	Individual Marriage Issues
<input type="checkbox"/>	Addiction	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Couples' Marriage Issues
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Grief	<input type="checkbox"/>	Relational Conflict	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Managing Disorder/Disability	<input type="checkbox"/>		<input type="checkbox"/>	

WHAT DO YOU HOPE TO GAIN FROM ATTENDING THE RENEWAL WEEKEND?

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