

**ULSTER COUNTY WELLNESS/RECOVERY WEBSITE GROUP ACTIVITY FORM**

Agency Name \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Name of Group/Activity \_\_\_\_\_

Contact Person (s): \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. A. Purpose of the seminar or workshop activity: (Brief Description)**

\_\_\_\_\_  
\_\_\_\_\_

**B. Goals of the seminar or workshop activity: (Brief Description)**

\_\_\_\_\_  
\_\_\_\_\_

**2. Seminar or workshop structure:**

Open ended?  yes  no

Number of members accepted \_\_\_\_\_

Meeting location room/building) \_\_\_\_\_

Meeting day of the week \_\_\_\_\_

Meeting time of day from \_\_\_\_\_ to \_\_\_\_\_

Is this an ongoing seminar or workshop activity  yes  no

Target start date \_\_\_\_\_

Target end date \_\_\_\_\_

Last date new members accepted \_\_\_\_\_

Ongoing referrals accepted for future seminar or workshops?  yes  no

**3. Criteria for seminar or workshop members:**

Coed  Female only  Male only  Age range \_\_\_\_\_

Primary Issues/Concerns \_\_\_\_\_

Issues/Concerns to be excluded, if any \_\_\_\_\_

Restrictions that might apply \_\_\_\_\_

Cost/charges apply? \_\_\_\_\_

**4. Referral Process:**

\_\_\_\_\_  
\_\_\_\_\_

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