

**Alcohol & Drug Information School (ADIS) REGISTRATION**

Client name \_\_\_\_\_ Ethnicity \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell or other \_\_\_\_\_

Referral Source for Certificate: \_\_\_\_\_ Fax number: \_\_\_\_\_

ADIS class dates \_\_\_\_\_ to \_\_\_\_\_

ADIS is NOT covered under Treatment Services and medical billing is not accepted. We only accept full payment in the form(s) of cash or check. Upon completion of the ADIS course, a Certificate of Completion will be issued in the client's name and given to the client. Please file it among your other important documents and records for safekeeping.

***I understand that I will have to pay a \$10 fee to Volunteers of America if I request a new certificate of completion for ADIS. I understand the \$120 registration fee is non-refundable.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date