



**“TRUST IN THE LORD” CENTER
Application Form
(Confidential)**

Personal

Name _____ Date of Entry _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ Birth date ____/____/____ Social Security# ____-____-____

Marital Status _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Nationality _____ Sex: [Male] _____ [Female] _____ Age _____

Type of Photo ID # _____ U.S. Passport? [Yes/No]

U.S. Citizen? [Yes] _____ [No] _____ If no, Explain _____

Why do you want to enter Life Change Center? _____

* * * * *

Family

Emergency Contact Person: _____ Relationship: _____

Phone # (____) _____ Address _____

Spouse (Only for legally married students) _____ Phone (____) _____

Full Address _____

With whom are you living? _____

Do you have a girlfriend/boyfriend? [Yes|No] Are you currently engaged to anyone? [Yes|No]

Do you have children? [Yes|No] If yes, how many? _____ Do they live with you? [Yes|No]

If no, with whom do they live? _____

Are your children your biological children? _____ [Yes/No] If No, please explain _____

Who is/are the guardian/s of your children?

Drug Use History

Have you been in any detox or rehabilitation programs? [Yes|No] If yes, please list: _____

Drug(s) of choice: _____ Age began using: _____

Longest period you've been clean: _____ Why did you start again? _____

Do you smoke cigarettes? [Yes|No] Do you chew or dip tobacco? [Yes|No]

Drink alcohol? [Yes|No]

What drugs have you used? Marijuana; cocaine; heroin; meth; morphine; barbiturates; OxyContin; other _____

*Please circle what apply.

Religious Information

Name of the church you most often visited? _____

Are you a member of a church at this time? [Yes|No] Have you been baptized in the water? [Yes|No]

What year you were baptized? _____

Have you been previously involved in ministry or any other church activity? [Yes|No]

Please List: _____

Have you been on any Missionary Trips? [Yes/No] If yes, in what countries:

Medical

Do you have any disabilities/physical problems? [Yes|No]

Allergies? [Yes|No] Medications? [Yes|No] If yes, please explain:

Have you ever been prescribed psychiatric medication? [Yes/No] If yes, please explain: _____

Have you ever thought of or attempted suicide? [Yes/No] If yes, please explain:

Education

Last grade completed: _____ What year? _____

Associate Degree/College: _____

Have you previously studied at a Missionary or Bible School? [Yes/No]

Reading/Writing: [Excellent/ Good/ Fair/ Poor]

(Reading is not a requirement for "Trust in Lord" Ministries)

Legal Issues

Are you currently on: [Probation|Parole] If so, please explain: _____

P/O contact information: Name _____ Phone _____

Complete mailing address _____

Probation / Parole responsibilities _____

Criminal Record

Date	City/state	Charge	Status of Case

Cases Pending: _____

Incarceration time: County _____ state _____ and/or federal _____

Financial

Explain your financial circumstances: _____

Do you currently receive: SSI _____ General Assistance _____ State disability _____
Food Stamps _____ Other _____

Occupation

Name of the first Company that you worked for: _____

Name of the last Company that you worked for: _____

Check all the Skills you have: Computer Construction
 Management Musical Mechanical Cooking
 Other _____

Applicant's Signature _____ Date _____

STUDENT AGREEMENT AND RESPONSIBILITIES

“Trust in the Lord” Christian Rehabilitation Center offers help to people with drug and alcohol dependencies.

COMMON KNOWLEDGE

1. The Christian Rehabilitation Center is a place where students with chemical dependency are treated exclusively with help of the Christian faith.
2. I agree to be fully responsible for my behavior during my stay here.
3. I promise to be open-minded and to follow any suggestions intended for my disciplinary improvement.
4. I understand that the goal of my stay here is not only to be free from drugs or alcohol, but also to discover a new life.

PERSONAL KNOWLEDGE

1. I will not use drugs, alcohol, psychotherapeutic drugs, inhalants and other similar substances during my stay here.
2. I will not smoke or use any tobacco products.
3. I will not fight, disrespect anyone, or use vulgar language.
4. I will not talk about street life, alcohol, past friends, or past contacts.
5. I will not sing any songs that are not Christian.
6. I will not keep any pornographic material or things of that nature. I also agree not to associate with any students from women’s center, unless it’s my wife, or mother.
7. I agree to be appropriately dressed at all times. Shorts are only allowed when the temperature outside reaches 70° F or higher. Tidy and modest clothing is supported by the Center Administration.
8. I will treat the property of this Center with respect.
9. I will not call other people by nicknames and will respect everyone’s opinion.
10. I will not have a phone or any medical supplies.
11. I agree not to leave the Center’s premises without notice or instruction of the staff.
12. I agree to keep all of my money and documents in the office safe.

13. I will allow Center personnel to search my belongings prior to, during and after treatment if needed. I understand that the search is necessary for everyone's safety.
14. I understand that I am willingly staying here instead of going to jail, or prison. I know that I can leave this center any time. (If you decide to leave, you will not be allowed back in the program for at least 6 months. Re-entry into the program will be at the discretion of the Center Administration.)
15. I agree to visit my family only with prior authorization from the Administration and only after 4 months with another staff member. Visitation will be at the discretion of The Center.
16. I understand that walking during church is not allowed unless I have received permission from staff. The Center staff can advise me where to be seated at scheduled services throughout the week.
17. I understand I have to be clean shaven for church service in the evening, and maintain good hygiene every day unless I have received special permission.
18. I understand that going into the garage or the kitchen area without permission will result in program discipline. While I am in the program, I understand that I will only be eating three times a day unless there will be a special event at the Center, or I receive special permission from the staff.
19. Friday is a fast day for all the students and the staff. I understand that I won't be fed that day until evening, and fasting is mandatory for all students unless one has acquired special permission due to medical condition.
20. I understand that the staff area is off limits unless I am granted special permission.

FAMILY

1. I will allow staff to check all of my incoming and outgoing mail.
2. I will write letters only to the members of my family, while in the program.
3. I agree to call my family members no more than two times a week. I understand that phone calls will last no more than 10 minutes, and Center personnel will be present during all calls.
4. I agree that the personnel of the center will be notified of family visits a week in advance. I also understand that I may not have any visits during my first month at the center. (Staff have the right to decide who will visit the Center.)

GROUPS

1. I will attend all planned activities. This includes worship services, Bible studies, and chores. All duties of the Rehabilitation Program apply to me. (The Center will try to accommodate all persons with disabilities or special needs.)
2. I will respect other people's rights including their belongings, rooms, and property they have brought to "Trust in the Lord" Center.
3. I agree to behave like a Christian in all my surroundings.

DISCIPLINE AND DISAGREEMENT

1. I agree not to complain about food quality, activities, or schedule.
2. I agree to keep my room, classroom, and workplace clean. Center personnel have the right to search my room at any given time of day.
3. I understand that I must be on time for the activities, from wake-up call to "lights out."
4. I understand that the Center's personnel reserve the right to correct my behavior during my stay at the rehabilitation program. Disciplinary actions may include extra duty during regular free time hours, or on weekends. Actions include that I may be excluded from the program activities for a short period of time.
5. I understand that repeated violations of this agreement may result in dismissal from the program.
6. If, for any reason, I decide to leave the Center; I agree to immediately pick up all of my belongings, and I understand that the staff is not responsible for any belongings left at the Center. I agree not to leave the Center without first talking to one of the personnel at the Center.
7. I understand and agree that the Center is not responsible for any of my medical bills, probation fees, or material losses. My past life is my responsibility.
8. I agree to submit to the drug test that might be given to me.

STUDENT AGREEMENTS MAY BE REVISED AT ANY TIME BY PERSONNEL OF THE CENTER

I have read all of the above statements, and by signing this agreement form, I confirm that I understand the statements and agree to follow them. Any additional information will be provided by the personnel of the Center.

Student's signature _____ Date _____

Personnel signature _____ Date _____

Student Acknowledgement and Agreement Regarding Work Assignments

Statement of Student

1. I understand that if I am admitted as a student I will be required to participate in the “Trust in the Lord” Center’s Work Experience Program.
2. I understand and fully agree with the “Trust in the Lord” Center’s Work Experience Program, which addresses the importance of my work assignments in helping to build biblical values of good work ethic, and the character of a responsible, upright individual.
3. I understand that if I am admitted to the “Trust in the Lord” Center as a student, I will be performing work assignments not as an employee, but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from addictions, and a preparedness to go back to the work place.
4. Accordingly, by signing this agreement, I am not applying for a position of employment with “Trust in the Lord” Center, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
5. I further understand that if I fail to perform my assigned work related tasks, “Trust in the Lord” Center may revoke my status and privileges as a student. Because, performance of work assignments are a consideration for the receipt of such status and benefits, such as student’s participation in the Work Experience Program is a necessary and vital part of the discipleship process.

“Trust in the Lord”. C. Student Signature

Date

Name (print)

Date

“Trust in the Lord”. C. Staff Signature

Date

Name (print)

Date

CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

I, _____, understand that I have civil rights guaranteeing confidential communications by phone, mail, and exercising the religion of my choice. "Trust in the Lord" Center is a Christian rehabilitation program for those individuals with life-controlling problems. As such, I voluntarily waive those rights and submit to the ministry's expectations to attend Christian religious activities, coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problems. I understand the staff will regulate and monitor my communications for as long as they feel it necessary.

I voluntarily give my consent allowing the staff to exercise these procedures.

I fully understand these rights I am waiving.

Student's signature _____ Date _____

Signature of witness _____ Date _____

“Trust in the Lord” Center

STUDENT COMMUNICATION LIST

Student’s Name _____

Name/s _____ Relationship _____

Address _____ Phone# _____

City/State _____ Zip Code _____

Name/s _____ Relationship _____

Address _____ Phone# _____

City/State _____ Zip Code _____

Name/s _____ Relationship _____

Address _____ Phone# _____

City/State _____ Zip Code _____

Name/s _____ Relationship _____

Address _____ Phone# _____

City/State _____ Zip Code _____

Name/s _____ Relationship _____

Address _____ Phone# _____

City/State _____ Zip Code _____

Staff Signature: _____ Date: _____

“Trust in the Lord” Center

PERSONAL PROPERTY INVENTORY

Student’s name: _____

DATE	ITEM OF PROPERTY HELD	WHERE BEING STORED	STAFF MEMBER’S SIGNATURE

I, the undersigned on the date noted have received all of my property upon my leaving “Trust in the Lord” Center.

Signature*

Date*

***Sign only when leaving the center**

Disciplinary Records

Name _____ Date _____
Violation _____
Disciplinary action _____
Date in effect _____ Date of completion _____
Reaction of the student to the discipline _____
Comments _____

Staff Signature _____ Student Signature _____

Name _____ Date _____
Violation _____
Disciplinary action _____
Date in effect _____ Date of completion _____
Reaction of the student to the discipline _____
Comments _____

Staff Signature _____ Student Signature _____

Name _____ Date _____
Violation _____
Disciplinary action _____
Date in effect _____ Date of completion _____
Reaction of the student to the discipline _____
Comments _____

Staff Signature _____ Student Signature _____

OFFICAL USE ONLY

Interviewing Staff Member _____

Assessment: _____

Decision made: _____

Rating: (0-10) _____

Who suggested the student to come to the Program: _____
