

CONFIDENTIAL

Adult & Teen Challenge
Northern Appalachian Region

1877 Good Hope Pike Clarksburg, WV 26301

Phone (304) 933-3209

APPLICATION FOR ADMISSION

1. Your Full Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ Gender at Birth _____ S.S. # _____
2. Permanent Address _____
Street _____ City _____ State _____ Zip _____
Phone Number (____) _____
3. Are you married _____ single _____ divorced _____ separated _____ ? Ethnicity _____
4. With whom are you presently living? _____
5. Are you, or have you ever been, involved in (check an and all that apply): pornography _____
homosexuality _____ bestiality _____ prostitution _____
6. Are you a registered sex offender? Yes _____ No _____
7. Are you presently employed? Yes _____ No _____
8. Have you been in institutions (medical, penal, etc.) before? Yes _____ No _____
9. Have you ever been involved with an occult? Yes _____ No _____
10. If we would ask your family members the following questions about you, how do you think they would most likely answer?
 - Does she lie when she feels the need to do so? Yes _____ No _____
 - Is she honest? Yes _____ No _____
 - Is she a manipulator? Yes _____ No _____
 - Does she usually blame others for her actions? Yes _____ No _____
 - Will she steal if given the opportunity? Yes _____ No _____
 - Has she ever stolen from you? Yes _____ No _____

11. Are you currently on probation or parole? Yes___ No___
 If yes, probation or parole officer's name _____
 Phone No. _____
 Address _____
12. Do you have any upcoming court appearances for any reason? Yes___ No___
13. Do you have any attorney? Yes___ No___
 If yes, attorney's name _____ phone no. _____
14. Are you or any member of your immediate family, currently or have you in the past, been involved in a civil lawsuit? Yes___ No___
15. Do you have any children? Yes___ No___ If yes, how many? _____
16. When you were a child, did you have any religious input? Yes___ No___ If yes, what denomination? _____
17. Did you thoroughly read the statement of faith? Yes___ No___ Did you personally sign it? Yes___ No___
18. Are you aware that Adult & Teen Challenge believes that only a personal relationship with Jesus Christ can help you overcome your life controlling problems? Yes___ No___
19. Are you willing and ready to allow Jesus to work in your life? Yes___ No___
20. Are you aware that Adult & Teen Challenge is a Pentecostal based ministry? Yes___ No___
21. Are you aware that you will be taught per our interpretation of scripture, and that we will not debate your religious beliefs or permit you to teach them to any other student in the program? Yes___ No___
22. Do you understand that you will be confronted regarding issues in your life, and that we will not apologize for doing so? Yes___ No___
23. How desperately do you need help? Desperately___ Somewhat___
24. Do you agree that your ways have not worked and that you need a complete change of lifestyle? Yes___ No___
25. Have you thoroughly read the Pre-Admission Student manual? Yes___ No___ Did you personally sign it? Yes___ No___
26. Do you understand that in the event you are found to have tobacco, drugs, or alcohol in your possession while in the program, you will face immediate dismissal from our program? Yes___ No___

27. Are you aware that if at any time our staff determines that you are not interested in our training procedures you will be released from the program? Yes___ No___
28. Are you aware that we offer 3 types of residential programs; a short term (**90-day certificate of completion**), a long term (**7-month completion certificate**) and a leadership training program (**12-month graduate diploma**)? Yes ___ No ___
29. Do you understand that you will have limited contact with your family during the program? Yes___ No___
30. Does your family know you are applying for admission to our Training Center? Yes___ No___
31. Is anyone pressuring you, holding anything over your head, or giving you an incentive to get you to come to our Training Center? Yes ___ No ___
32. How long do you plan to be at the Training Center? _____
33. Do you have any outstanding doctor appointments? Yes___ No___ If yes, when and where? _____

34. Do you have any abscessed teeth or other dental problems? Yes___ No___
35. When were your eyes last checked? _____ How are your eyes? _____
36. Are you currently using any prescribed medications? Yes___ No___
37. Do you understand that we cannot accept persons who are taking doctor prescribed drugs if we believe that those medications may hinder their ability to keep up with the rigors of our program? Yes___ No___
38. Are you aware that the Northern Appalachian Regional Training Center is not a licensed clinical drug/alcohol treatment center or a medical/mental health facility? Yes___ No___
39. When did you last do an illegal drug? _____ What was it? _____
40. Do you feel that you will require medical treatment for drug/alcohol withdrawals? Yes___ No___
41. What are your parents' and spouse's (if applicable) occupations?
Father's _____ Mother's _____ Spouse's _____
42. Did you complete this application yourself or did someone do it for you? _____
43. Do you have a problem signing numerous liability releases before being admitted into our program? Yes___ No___
44. Do you understand that any and all monetary transactions (admission fee, processing bond, etc.) will involve you and Northern Appalachian Teen Challenge, Inc. (hereafter stated as NATCI) only and NOT the individual(s) from whom you obtained your money, if such be the case? Yes ___ No ___

45. Do you understand that should you resign or be dismissed from the program, it will be your sole responsibility to repay the borrowed monies (see #44), if such be the case, directly to the individual(s) from whom you borrowed the monies and not the responsibility of NATCI? Yes ___ No ___

46. Please answer the following questions regarding your finances:

Do you own any tangible property? Yes ___ No ___

Have you ever or are you currently receiving any type of financial assistance? Yes ___ No ___

Do you currently have any income? Yes ___ No ___

Do you expect to receive any income while you are in our program? Yes ___ No ___

Do you have any money in a savings, checking, or personal account? Yes ___ No ___
If yes, how much? _____

Do you have any outstanding debts? Yes ___ No ___ If yes, how much? _____

47. How did you learn about us? _____

Thank you for completing this application. We want to help you, so the sooner you get this to us, the sooner we can do so.

Signed (Applicant) Date

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY OUR DIRECTOR OF ADMISSIONS

Date received _____ Received by _____

Date of interview _____ Accepted ___ Not accepted ___ If not accepted, reason _____