

Teen Challenge North Carolina Student Application

604 Rock Springs Road, Harmony, N.C. 28634

Phone: (704) 546-2531 Fax: (704) 546-3050

Every question must be completed and picture enclosed before your application will be considered. Please be descriptive in your answers. **You must call once each week to verify your continued interest in our program to keep your name on our active list.**

place picture here

I. General

Name: _____

Last

First

Middle

Maiden

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Referred to Teen Challenge by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Relationship (friend, relative, etc.): _____

In case of emergency notify: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ (home) Phone: () _____ (work)

II. Personal

Birthdate: _____ Age: _____ Weight: _____ Height: _____

Birthmarks or distinguishing marks: _____

Race: White _____ Black _____ Hispanic _____ Am. Indian _____ Other _____

Social Security # _____ Driver's License # _____

What are your present living conditions? _____

How are you supported? _____

Marital status: Single _____ Engaged _____ Common- Law _____

Married _____ Separated _____ Divorced _____ Remarried _____

What is your relationship with your husband/boyfriend now? _____

Would you say that your husband has a drug/alcohol problem, yes _____ no _____

Do you have any children? _____ How many? _____

Custody: (Me) _____ Other: _____

Education/Training: Last Grade Completed: _____

Have you ever been in special education classes? yes _____ no _____ If yes, please list what type:

Sexual Life: Homosexual _____ Bisexual _____ Transsexual _____ Heterosexual _____

How recently involved? _____

Have you ever engaged in homosexual activities? Drug related or otherwise: _____

How frequently? _____

Have you ever been involved in prostitution? _____ When? _____

How long were you involved? _____

III. Legal Status

Have you ever been arrested? _____ How many times? _____

List all charges: _____

Are there any pending charges? _____

Have you ever been on probation? _____ Are you on probation now? _____

Name of Probation Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Have you ever been in prison? _____

When: _____ Where: _____

Are you on parole? _____ Name of parole officer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Name of lawyer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

IV. Employment

What kind of job or trade would you like to learn?: _____

What types of jobs have you held in the past: _____

When was your last job? _____ Type of job? _____

V. Health

Past History: (1) Write "yes" or "no" beside the illnesses or conditions that you have had.

(2) Write the dates that you had the illness or condition.

Scarlet Fever _____

Measles _____

Chickenpox _____

Mumps _____

Whooping Cough _____

Small Pox _____

Typhoid Fever _____

Cancer _____

Syphilis _____

Gonorrhea _____

Diphtheria _____

Pneumonia _____

Nervous Breakdown _____

Have you or any member of your family suffered from nervous breakdown, suicide or attempts, migraine headaches, alcohol or drug abuse? yes _____ no _____

Which family members and how were they affected: (hospitalized, physician care, etc.)

Have you ever had a blood transfusion? _____ When? _____ For What? _____

List any medicines you currently take: _____

Do you have any special diet requirements due to allergies or for other medical reasons?

Yes _____ no _____ Explain: _____

What is the average amount of the following that you have consumed daily?

Alcohol _____

Barbiturates (downers) _____

Amphetamines (uppers) _____

Heroin _____

Cocaine _____

Hallucinogenic _____

Opium _____

Glue _____

Tobacco _____

Marijuana _____

Crack _____

Crank _____

Valium or Sleeping Medicines _____

Others: (Specify) _____

VI. Spiritual

Are you a born-again Christian? _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Have you ever been involved in groups, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? yes _____ no _____

Explain: _____

How would you describe your relationship with God now? _____

VII. The Problem

What do you consider are your main problems? _____

What efforts, if any, have you made to correct these problems? _____

Have you ever been in any out-patient program before? yes _____ no _____

Did you finish treatment? yes _____ no _____

Have you ever been in any Detoxification Program yes _____ no _____ How many times? _____

Did you finish treatment? yes _____ no _____ if no, please explain:

Have you ever been in a Teen Challenge program before? _____

Please list all the programs you have attended for help. Names and Dates:

What would you like to do after you leave Teen Challenge? _____

Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge.
I understand that any false or incomplete information may result in disqualification of any application for entrance.

Signed _____
Applicant *Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person _____
Relation to applicant _____

Do you understand that learning disabilities severe enough to hinder cognitive abilities with application and coordination of motor skills, may disqualify applicant from eligibility for program?

Yes _____ No _____

It is hereby understood that Teen Challenge North Carolina is not responsible for any personal property left, lost, or stolen while in the program. I agree that any property or money left at Teen Challenge North Carolina over thirty days from my departure date, announced or unannounced, becomes the property of Teen Challenge North Carolina.

It is further understood, I release Teen Challenge North Carolina from all financial responsibilities in case of accident, injury, illness, or other imponderable misfortune.

It is further understood that I release the right to Teen Challenge to search my personal effects, make room searches, and also make physical frisk if need be.

I also release Teen Challenge from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

I also give Teen Challenge permission to open and check both incoming and outgoing mail for drugs and anything that might be harmful to the welfare of the program and residents.

Signed _____
Applicant *Date*

Teen Challenge does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more students in the program that are HIV+. This center does not require students that are HIV+ to notify others in the program of their HIV status.

I do voluntarily, and of my own free will agree to the following conditions upon my admission to the program and ministry of Teen Challenge of North Carolina. I do hereby absolve forever Teen Challenge of N.C., its trustees, employees, and assigns of all responsibility for any of the following occurrences:

- * Physical harm or injury to my person incurred or aggravated resulting from any accident, fire, attack by another person or persons, act of war or riot or as a result of the taking of any food or drug either eaten, injected, or in any other manner entering my body;
- * Mental distress, neurosis, psychosis or nervous or psychological disorder incurred or aggravated by being connected with Teen Challenge North Carolina, or any part of its ministry, counseling, or other functions incurred as a result of physical harm or injury as delineated under item "a" above;
- * Incarceration or criminal or civil punishment or suit or judgments as a result of criminal prosecution by any governing authority or individual which takes place while I am under the ministry of Teen Challenge North Carolina, or which takes place as a result of any act which I either allegedly or actually take part in during this period of time;
- * Loss of real property or personal property.

I further agree that Teen Challenge North Carolina will have no financial or other responsibility for myself, my family, of other persons for which I am responsible, either during or after my affiliation with the organization, program or individuals and employees involved in its program.

I hereby agree to the free release of any photographs, recorded statements, testimonies, etc., released to the public during or after my affiliation with Teen Challenge North Carolina. However, Teen Challenge North Carolina agrees to ask for approval for any testimonies, photographs, or recorded statements, etc. which will be used.

Signed _____

Applicant

Date

I hereby agree to hold harmless, indemnify, and defend Teen Challenge North Carolina, its trustees, employees, or assigns against any and all claims arising out of my placing myself under their care and supervision.

I hereby certify that any money that I bring into the program, or any money I acquire while in Teen Challenge North Carolina (from family or friends) will be held in the office. I may draw on this account whenever the need arises.

I do hereby agree and understand that my admittance into the program of Teen Challenge North Carolina in no way obligates the organization, the board of directors, staff members, or any individuals involved in its program to pay hospital or medical bills accrued while in the program.

I agree to the following rules of conduct. I understand that any violation of any said rules will be sufficient grounds for expulsion from the program. Other rules will be explain upon orientation if acceptance is granted into the program.

- * No smoking or alcoholic beverages allowed.
- * No use of any drugs, including nicotine, is allowed.
- * No physical violence or abusive language will be tolerated.
- * Cooperation in all phases of the ministry will be expected.

Signed _____

Applicant

Date