

Application

440 Pontaluna Road, Muskegon, Michigan 49444
(231) 798-7927 Fax: (231) 798-8147

Personal

Name: _____ Date: _____
(Last) (First) (Middle)

Sex: _____ Date of Birth: _____ Marital Status: _____ SS# _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Race: _____

Referred to Teen Challenge by: _____

Type of Photo ID and number: _____

Family

Emergency Contact Information: Name of emergency contact: _____

Phone #: _____ Address: _____

Spouse (Only for legally married students): _____ Phone #: _____

Full Address: _____

Do you have a current girlfriend/boyfriend? Yes / No Fiancé? Yes / No (if yes, see the visitation policy)

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 of abstinence: _____ Why did you start again? _____

Do you smoke cigarettes? Yes / No

Medical

Do you have any disabilities/physical problems? Yes / No Allergies? Yes / No Medications? Yes / No

If yes, please explain: _____

Have you had any psychiatric treatment? Yes / No If yes, please explain: _____

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

Have you ever been involved in homosexual lifestyle? Yes / No If yes, please explain: _____

Have you ever attempted suicide? Yes / No If yes, please explain: _____

Education

Last grade completed: _____ What year? _____ Vocational training/college: _____

Reading/writing Excellent well fair poor (Reading ability is not a requirement for participation in Teen Challenge.)

Legal Issues

Are you currently on: Probation/Parole 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: in county _____ in state _____ in federal _____

Why do you want to enter Teen Challenge? _____

How do you think Teen Challenge will help you? _____

Please Read and Sign this Agreement

- I, _____, agree to abide by the rules of the Teen Challenge program and entering willing and without constraint with the purpose of completion.
- I understand that the most basis rules of Teen Challenge are as follows:
 - Responsibility for self-control and self-discipline. I understand that I will at no time use drugs, alcohol or cigarettes.
 - Responsibility for manners: It is understood that I will conduct myself as a man/woman in private and public places as well as at churches and social gatherings.
- I agree that any authorized Teen Challenge staff member may open my incoming and/or outgoing mail if deemed necessary.
- I will not take any legal action at anytime against Teen Challenge or any member of its staff, board of directors, volunteers for any duly authorized action on their part.
- I understand that there will be a \$850.00 non-refundable entrance fee due upon, or prior to, admission into the program. If I do not have that money I understand I am expected to seek resources from family, community and church to assist in the payment of this fee.
- I agree to participate in all activities of the program, submit to its discipline and its staff and seek to better myself by seeking God through prayer, fellowship, Bible study and obedience.
- I understand that Teen Challenge is a Christian program and not a medical or psychiatric facility.
- I read and understand all of these statements and by my signature verify that all information provided is truthful and accurate.

Printed Name of Applicant: _____ Signature _____

Printed Name of Witness: _____ Signature _____ Date: _____