

Olympia Union Gospel Mission

Men's Life Transformation Program Application

Today's Date:

Privacy Statement Information you provide here is confidential. We will not disclose your information to any person outside this organization nor with any State or Federal organization without the signed consent of the individual, unless required by law.

PERSONAL INFORMATION

Name _____ DOB _____ SSN _____

A phone number to reach you: _____ Message number? Yes No

Email address: _____

If no phone or email, how can we contact you? _____

Emergency Contact: _____ Phone: _____

How did you hear about our program? _____

Your Weight _____ Height _____ Eye Color _____ Hair Color _____

Driver's license or ID # _____ State _____

Expiration Date _____ Is your DL suspended/revoked? Yes No

Do you own a vehicle? Yes No Does it run? Yes No

Is it insured/licensed? Yes No Where is it parked? _____

LIVING ARRANGEMENTS

Where do you currently sleep? _____

_____ How long have you been there? _____

If you are sleeping indoors, how much do you pay for rent? _____

Ever been evicted? Yes No If so, where & why: _____

FAMILY INFORMATION

Marital Status: Married Divorced Single Separated Widower

Do you have any children you are responsible for? Yes No

Explain:

Office Use Only

Date Application Received _____ Background Check _____ Interview _____

Accepted into Program _____

SUBSTANCE ABUSE HISTORY

What substances are you currently using or have you recently used?

What is your drug of choice? _____ Why? _____

What is your longest period of abstinence from alcohol and/or drugs? _____

When did you last use? _____

How many treatments have you tried? _____ Last treatment was: _____

Where? _____ What kind? outpatient inpatient

Did you complete treatment? Yes No

Why did it fail?

PHYSICAL AND MENTAL HEALTH

Describe your physical/mental problems, if any:

Have you been hospitalized in the last 12 months? Yes No

If yes, explain:

Have you ever been treated for mental/emotional issues? Yes No

If yes, explain:

Are you currently *prescribed* any medications? Yes No

If yes, explain:

Are you currently *taking* any medications? Yes (as prescribed) Yes (but not as prescribed) No Explain:

ASSETS

How much do you receive from: \$_____ Food Stamps; \$_____ Social Security; \$_____ L&I
\$_____ VA; \$_____ Retirement; \$_____ Unemployment; \$_____ Other _____

EMPLOYMENT

What was your last job, how long did it last?

What type of work have you done in the past?

LEGAL HISTORY *(We will obtain a background check as a part of the application process)*

Are you currently involved in any of the following legal matters?

- Divorcing Child Custody Drug Court Outstanding Warrants
 Deferred Prosecution Suing/Being Sued Criminal Charges

When, where, and for what is your next court appearance?

How much time have you spent in: Prison _____, Jail _____

List your convictions *(use additional sheet if needed)*:

<u>Convicted for</u>	<u>Year</u>	<u>Sentence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently on community supervision, probation, or parole? Yes No

If yes, provide the following:

Which DOC office? _____ Phone number: _____

When will you complete your reporting requirement?

Are you a sex offender? Yes No If so, what level?

What offense?

SPIRITUAL BACKGROUND

Did you attend church growing up? Yes No How often?

If you claim a denomination, what is it (e.g. Baptist, Methodist)?

Do you currently attend church? Yes No Are you a member? Yes No

If so, where:

Describe who Jesus Christ is:

If you were to die today do you know for sure that you would go to heaven?

Yes No I don't know

Explain:

What is your spiritual condition right now?

Are you willing to attend a local evangelical Christian church? Yes No

If no, please explain:

GOALS

Starting with the most serious, list the top three areas of your life that are currently the most messed up or causing you the most problems:

What changes would you like to see in your life?

When told you will **not** do something, how do you react?

When told you need to **change**, what do you do?

	Yes	No
Are you willing to admit that your life, as you have lived it, is out of control?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to submit to a thorough examination of your life, even those parts that are painful?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to seriously confront the lies you have told yourself and others and agree to replace those lies with the truth – even if you have to discard everything you have believed to be true?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to submit to the authority and wisdom of the counselors and staff at the mission?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to strictly follow a biblical pattern for relationships with women and put all of your romantic relationships on hold while you are in the program or shelter?	<input type="checkbox"/>	<input type="checkbox"/>



**Criminal History Disclosure
Statement
Authorization and Release
(RCW 43.43.832 & 43.43.834)**

As a part of the Life Transformation Program application process, the Olympia Union Gospel Mission (OUGM) would like to obtain a criminal background check. For the OUGM to do so, you must complete this disclosure statement pursuant to RCW 43.43.834. A criminal history does not automatically disqualify you from ministry, but will be considered in the context of the transformational work of God in your life.

Please answer the following questions

What is your full name? _____

What is your date of birth? _____

What other names have you used? _____

Have you been convicted of a crime? No Yes

Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? No Yes

Affirmations

I understand that the Olympia Union Gospel Mission (OUGM) will notify me of the state patrol's response within ten days after receipt of the results of the criminal history inquiry. Please contact me by calling _____ (phone number) between the hours of _____ and _____, or by (explain):

I understand I am entitled to a copy of the results of my criminal background check. I understand I must call the Director of Life Transformation (360-709-9725, ext 103) to arrange to pick-up a copy of the report.

I understand that the OUGM will use this record only in making the initial program acceptance decision and that further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155.

I consent to and understand that OUGM will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program.

Signature	Date
-----------	------