



PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Today's Date: _____ Date Available: _____

Date of Birth: _____ Social Security No.: _____
Phone: _____ Email _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Duration of stay at address listed above: _____

Ethnicity/ Citizenship

Please check all that apply:
American Indian or Alaskan Native
Asian
Black or African American
Hispanic/ Latino
Native Hawaiian or Other Pacific Islander
White
Other: _____
Refuse to state

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Family Composition

Marital Status: Single Married Divorced Widowed Domestic Partner Separated

If you have children, please list their names and ages here: _____

Emergency Contact(s)

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Living Arrangements

Please explain some special living arrangements you may have (i.e. work schedule, sleep schedule, noise level, etc):

HEALTH INFORMATION

Health Information				
Do you have a physical disability ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Are you pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If yes, are you receiving prenatal care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have a developmental disability ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have a chronic health condition (heart or lung disease, diabetes, arthritis, traumatic brain injury, dementia, cancer, stroke, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have HIV/AIDS ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have a mental health condition ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have a substance abuse problem ?	Alcohol Abuse <input type="checkbox"/>	Drug Abuse <input type="checkbox"/>	NO <input type="checkbox"/>	Both <input type="checkbox"/>
If Yes, are you currently receiving services/treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you smoke cigarettes ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOMETIMES <input type="checkbox"/>	REFUSED <input type="checkbox"/>
Do you have a disabling condition ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>	REFUSED <input type="checkbox"/>

Optional:

Compared to other people your age, how would you rate your health?

Excellent Very Good Good Fair Poor Don't Know Refused

Other comments/health information not addressed above:

BACKGROUND/ LEGAL INFORMATION

YES NO

Have you ever been convicted of a misdemeanor?

If yes, explain: _____

YES NO

Have you ever been convicted of a felony?

If yes, explain: _____

YES NO

Are you on parole or probation?

If yes, explain: _____

YES NO

Have you ever been incarcerated?

If yes, explain: _____

YES NO

Are you presently awaiting charges, trial, or sentence?

If yes, explain: _____

YES NO

Do you have a history of domestic violence?

If yes, explain: _____

YES NO

Are you a registrant of CA Penal Code 290?

If yes, explain: _____

YES NO

Do you have any major driving violations?

If yes, explain: _____

Have you ever been arrested for any of the following? (Please check all that apply.)

Shoplift/Vandal <input type="checkbox"/>	Weapons Offense <input type="checkbox"/>	Arson <input type="checkbox"/>	Contempt of Court <input type="checkbox"/>
Parole/Probation <input type="checkbox"/>	Burglary/ Larceny/ B&E <input type="checkbox"/>	Rape <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Drug Charges <input type="checkbox"/>	Robbery <input type="checkbox"/>	Homicide/ Manslaughter <input type="checkbox"/>	
Forgery <input type="checkbox"/>	Assault <input type="checkbox"/>	Prostitution <input type="checkbox"/>	



Religious Background

Do you believe in Jesus Christ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you consider yourself a follower of Christ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

How long have you been actively pursuing Jesus? _____

What denomination are you (if any)? (e.g. Baptist, Methodist) _____

How do express your devotion to Christ? (e.g. Bible reading, church attendance, discipleship, service, etc.)

Do you read the Bible and pray on a regular basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, how frequently? (Daily, Weekly, Monthly, Yearly) _____

Essay Portion

*Please answer the following questions to the best of your ability. Please submit answers together with application above. You may type your responses to the following questions. **Note: Legibility, proper grammar and punctuation are important so please do your best***

1) *Please describe your personal story of how you got to where you are at today. (500 words or less)*

2) *Please share with us why you want to be in this program and why you would be a good candidate. (250 words or less)*

3) *What value will your presence bring to the group if accepted into this program? (250 words or less)*

Personal Beliefs (Used only to help us understand where you are coming from)

Please circle the letter that corresponds with your personal beliefs on the following issues:

1. I believe that the Bible (when originally written)...
 - a. Might have some minor errors
 - b. Probably has quite a few errors
 - c. Was written by man and is mostly man's opinion
 - d. Has no errors and is divinely inspired
 - e. I'm not sure
 - f. Write in:

2. I believe that man, when he is born, is...
 - a. Basically good but makes some mistakes
 - b. Helpless to do any good
 - c. Sick but can still do some good
 - d. I'm not sure
 - e. Write in:

3. I believe that I can go to heaven by...
 - a. Living a close to perfect life
 - b. Nothing that I personally can do, but rather trusting in Jesus' death on the cross
 - c. Doing enough good to outweigh the bad that I've done
 - d. Going to church and being active in ministry
 - e. I'm not sure
 - f. Write in:

4. I believe that homosexuality is...
 - a. A lifestyle choice that is not necessarily immoral
 - b. The way that some people are born and don't have a choice
 - c. An immoral lifestyle
 - d. I'm not sure
 - e. Write in:

5. I believe that Jesus...
- Was a very enlightened man and teacher, but not God
 - Is God who came in flesh
 - I'm not sure
 - Write in:

6. I believe that Jesus...
- Did actually die on the cross, and then was raised physically from the dead three days later
 - Did actually die on the cross, and then was raised only spiritually from the dead three days later
 - Did actually die on the cross, but did not actually raise from the dead
 - Didn't really die on the cross, but only looked like he did
 - I'm not sure
 - Write in:

7. I believe that:
- Jesus is the only way to God and to Heaven, and that anyone who does not truly come to trust in Jesus will be unable to go to Heaven
 - Jesus is one of the ways to God and to Heaven, but there may be other ways that I'm unaware of
 - Jesus is one of the ways to God and to Heaven, and there are many other ways to Heaven for sure
 - Everyone's beliefs in God are true if they have the right intentions and principles
 - I'm not sure
 - Write in:

8. I believe that the gifts of the Spirit (healing, prophecy, tongues, etc.)...
- Are still available today in the same way that they did in the New Testament times
 - Have ceased to be available after the end of the New Testament times
 - Might exist today but are not to be a normal practice in churches today
 - I'm not sure
 - Write in:

9. I believe that other religions apart from Christianity...
- Sometimes are valuable and have truth to them, but ultimately aren't quite as good as Christianity.
 - Are another way of being able to understand the nature of God, just like with Christianity.
 - Are ultimately false and dangerous because the teachings contradict the core Christian doctrine of Jesus' death and resurrection as necessary for salvation.
 - I'm not sure
 - e. Write in:

2. Pornography

a. Belief:

b. Any involvement in the last year? (Circle one) Yes No

* Because of the sensitivity please only circle yes or no, but if it is needed, we will have someone of your gender follow up to address more.

3. Smoking

a. Belief:

b. Involvement:

4. Alcohol

a. Belief:

b. Involvement:

5. Illegal Drugs

a. Belief:

b. Involvement:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Printed Name: _____