

**Appalachian Teen Challenge, Inc.
Training Center
PO Box 980
Athens, WV 24712
Phone (304)-384-3307 Fax (304)-384-9074**

APPLICATION FOR ADMISSION

1. Full Name _____ Age _____ Date of Birth _____
Height _____ Weight _____ Sex _____ S.S. # _____
2. Permanent Address _____
Street _____ City _____ State _____ Zip _____
Phone Number (____) _____ Are you a U.S. citizen? Yes ___ No ___
3. Will you accept a collect call from us in order that we can conduct an interview with you?
Yes ___ No ___ If no, why not? _____
4. Are you married ___ single ___ divorced ___ separated ___ ?
5. With whom are you presently living? _____
6. Do you own any tangible property? Yes ___ No ___
7. Do you have a health insurance policy? Yes ___ No ___
8. Have you ever or are you currently receiving any type of financial assistance? Yes ___ No ___
9. Do you currently have any income or do you expect to receive any while you are in our program? Yes ___ No ___
10. Do you have any money in a savings, checking, or personal account? Yes ___ No ___
If yes, how much? _____
11. Do you have any outstanding debts? Yes ___ No ___ If yes, how much? _____
12. Are you involved in pornography ___ homosexuality ___ bestiality ___ prostitution ___ ?
13. Are you a high school graduate? Yes ___ No ___
14. Are you presently employed? Yes ___ No ___
15. Have you been in the military? Yes ___ No ___
16. Have you been in institutions (medical, penal, etc.) before? Yes ___ No ___
17. Have you ever been involved with an occult? Yes ___ No ___
18. Do you like yourself? Yes ___ No ___

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19. 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 ___
20. Are you currently on probation or parole? Yes ___ No ___
If yes, probation or parole officer's name _____
Phone No. _____ Address _____
21. Do you have any upcoming court appearances for any reason? Yes ___ No ___
22. Do you have any attorney? Yes ___ No ___
If yes, attorney's name _____ phone no. _____
23. Are you or any member of your immediate family currently involved in a civil lawsuit? Yes ___ No ___
If yes, please explain: _____
24. Have you or any members of your immediate family ever been involved in a civil lawsuit? Yes ___ No ___
25. When you were a child, did you have any religious input? Yes ___ No ___ If yes, what denomination?

26. Do you regularly attend religious services? Yes ___ No ___
27. Did you thoroughly read the statement of faith? Yes ___ No ___ Did you personally sign it? Yes ___ No ___
28. Have you committed your life to Jesus Christ? Yes ___ No ___
29. Are you aware that Teen Challenge believes that only a personal relationship with Jesus Christ can help you overcome your life controlling problems? Yes ___ No ___
30. Are you willing and ready to allow Jesus to work in your life? Yes ___ No ___
31. Are you aware that Teen Challenge is a Pentecostal (speaking in tongues, charismatic praise, etc.) ministry?
Yes ___ No ___
32. 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 ___
33. Do you understand that you will be confronted regarding issues in your life, and that we will not apologize for doing so? Yes ___ No ___

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34. How desperately do you need help? Desperately___ Somewhat___
35. Do you agree that your ways have not worked and that you need a complete change of lifestyle? Yes___ No___
36. Have you thoroughly read the student manual? Yes___ No___ Did you personally sign it? Yes___ No___
37. 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? Yes___ No___
38. 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___
39. Do you understand our policy regarding family members with whom you may communicate? Yes___ No___
40. Do you understand that you will have limited contact with your family during the program? Yes___ No___
41. Knowing what you do about Teen Challenge, how do you think we can help you? _____

42. Does your family know you are applying for admission to Teen Challenge? Yes___ No___
43. Is anyone holding anything over your head or giving you an incentive to get you to come to Teen Challenge?

44. How long do you plan to be at Teen Challenge? _____
45. Are you being pressured by someone else to come to Teen Challenge? Yes___ No___
46. Do you want to be admitted to our program for yourself or because someone else wants you to? _____

47. If accepted, are you willing to commit 12 to 14 months to the program? Yes___ No___
48. In your own words, please describe what you think Teen Challenge is all about, and describe what you think you will be doing while you are here. _____

49. Do you understand Teen Challenge is not a place where you will be taught a vocational trade? Yes___ No___
50. Do you have any friends, acquaintances, or relatives living within a 100-mile radius of Teen Challenge?
Yes___ No___
51. Do you have any outstanding doctor appointments? Yes___ No___ If yes, when and where? _____

52. When were your teeth last checked? _____
53. Do you have any teeth cavities or other dental problems? Yes___ No___ If yes, what? _____
54. When were your eyes last checked? _____ How are your eyes? _____

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Thank you for completing this application. The information supplied will be used to aid in our interview with you (either via phone or in person). **Please include \$250.00 of your curriculum contribution with your application.** This contribution is non-refundable. We want to help you, so the sooner you get this to us, the sooner we can do so. Thank you.

Signed (Applicant)

Date

OFFICE USE ONLY

Date received _____

Received by _____

Date interview _____ Accepted _____ Not accepted _____

If not accepted, give reason _____

Interviewer