

Date Entered _____

Date Left _____

Calvary "City of Refuge"

Application for Admission

1. Name _____ Circle one: JR/SR

Last
First
Middle
2. Social Security # _____ Drivers License # _____
3. Date of Birth _____ Age _____ U.S. Citizen Yes/No (Circle One)
4. Place of Birth _____
5. Height _____ Weight _____ Color of Hair _____ Eyes _____
6. Home Address _____ Phone (____) _____

City
State
Zip Code
7. Married _____ Number of Children _____ Have you been divorced? _____
8. Wife's name, if married _____
9. Wife's Place of Employment _____ Work Phone (____) _____
10. Next of Kin: Name _____ How Related? _____

Address
Phone Number (____)

City
State
Zip Code
11. Church Affiliation: _____ Pastor _____

Are you a Christian? _____
When were you saved? _____
12. Do you have Health Insurance? _____ If yes, please list information on the back of this form.
13. When was your last physical? _____ Last Tetanus shot? _____
14. When was your last visitation to a Doctor? _____

Reason for the visit? _____
15. Do you use drugs? _____ Have you used drugs in the past? _____
16. Do you use tobacco products of any kind? ____ Will you be willing to quit if you are accepted? _____
17. Have you ever been in jail? _____ Why? _____
18. Have you spent time in prison? _____ Where? _____
19. Have you ever been in juvenile detention, a boys' home, or foster care? _____

Explain _____
20. Have you served in the military? _____ If yes, what branch? _____

What kind of discharge? _____
21. Will you be willing to cooperate with the staff during your stay at Calvary? _____
22. Will you be willing to stay for at least _____ months? _____
23. Why are you coming to the "City of Refuge" program, and what do you want to see happen in your life?
24. What can you do financially to help with room & board _____ Monthly _____
25. Do you give permission for a criminal background check to be completed on you? Yes/No (Circle One)
26. I agree to not hold Calvary Baptist Ministries liable for injuries that may occur while I am here. Yes/No (Circle One)

Applicant's Signature _____

NOTE: We are a faith-based ministry and are unable to refund for any reason.