

Date Entered _____

Date Left _____

**Calvary City of Refuge
Application for Admission**

1. Name _____ Circle one: JR/SR
Last First Middle
2. Social Security # _____ Driver's License # _____
3. Date of Birth _____ Age _____ U.S. Citizen: Yes/No (Circle one)
4. Place of Birth _____
City State
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 _____
City State Zip Code
Phone number () _____
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 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 at Calvary? _____
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 Ranch, and what do you want to see happen in your life?

24. What can you do financially to help with room & board? _____ Monthly _____

Applicant's Signature _____