

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 _____

19. If we would ask your family members the following questions about you, how do you think they would most likely answer?

- Does he lie when he feels the need to do so? Yes___ No___
- Is he honest? Yes___ No___
- Is he a manipulator? Yes___ No___
- Does he usually blame others for his actions? Yes___ No___
- Will he steal if given the opportunity? Yes___ No___
- Has he 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 you 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___

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? _____
55. Are you currently using any prescribed medications? Yes ___ No ___
56. Do you understand that due to the rigorous schedule of our program, we will not accept persons who are taking doctor prescribed mind altering drugs? Yes ___ No ___

Signed (Applicant)

Date

OFFICE USE ONLY

Date received _____

Received by _____

Date interview _____ Accepted _____ Not accepted _____

If not accepted, give reason _____

Interviewer