

Revelations of Freedom Ministries
APPLICATION

PO Box 291, Blue Ball, PA 17506-0291
(717) 351-5680 Fax: (717) 383-4162

GENERAL

1. Name _____
LastFirstMiddle

2. Address _____
StreetCityState/Zip

3. Birth Date ____/____/____ Telephone # (____) _____

4. Spouse's Name _____

5. What significant changes have occurred in your life recently? _____

6. Are you an American Citizen? ____ Yes ____ No

7. Hobbies/Recreation _____

8. Last Grade Completed: 4 5 6 7 8 9 10 11 12

College Completed: 1 2 3 4 5 6 Degrees or Major _____

9. Do you have any special abilities? _____

LEGAL

1. Have you ever been arrested? ____ Yes ____ No How many times? _____

Date	Charge	Convicted	Sentence	Time in Jail
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____
_____	_____	No Yes	_____	_____

2. Are you on probation/parole? ____ Yes ____ No Time remaining _____

DRUG HISTORY

1. Explain your first drug experience. _____

2. Why did you become involved with drugs? _____

DRUGS USED

			Rarely	Monthly	Weekly	Daily
	Date first used	Date last used	Less than 1 time/mth	1 – 3 times/mth	1 – 5 days/wk	6 – 7 days/wk
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine/Crack						
Hallucinogens (LSD, etc.)						
Alcohol						
Inhalants						
Tobacco						
Marijuana						
Methadone						
PCP						
Others (specify)						

3. Explain any patterns of drug/alcohol use _____

4. I depend on drugs:

_____ to cope with life

_____ to be “in” with the crowd

_____ for pleasure

_____ to perform better (school, sports, etc.)

_____ to escape reality

_____ other: _____

5. Habit cost per day _____

Longest period clean _____

TREATMENT

1. What is the main problem as you see it? _____

2. What are your greatest needs? _____

3. Have you ever been in a program before? Yes No

Program Name	Date	City	State	Reason for Leaving	Religious	Non

4. What are you expecting God to do in your life through ROFM? _____

5. Briefly explain what you are willing to do to change and why you would be good fit at

ROFM _____

When is your anticipated release date? _____

I CERTIFY THAT ALL THE INFORMATION RECORDED HERE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND HAS BEEN FULLY COMPLETED BY ME. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN DISQUALIFICATION OF ANY APPLICATION OR FOR ENTRANCE AND/OR PARTICIPATION IN REVELATIONS OF FREEDOM MINISTRIES.

Applicant's Signature _____

Date _____

