

# Life Challenge of Western North Carolina Student Application

P.O. Box 2553, Cullowhee, NC 28723

Phone: (828) 631-0055

Fax: (828) 631-0058

Every question must be completed and picture enclosed before your application will be considered. Please be descriptive in your answers. ***You must call once each week to verify your continued interest in our program to keep your name on our active list.***

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| place<br>picture<br>here |
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## I. General

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Referred to Life Challenge by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relationship (friend, relative, etc.): \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ (home) Phone: ( ) \_\_\_\_\_ (work)

## II. Personal

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Birthmarks or distinguishing marks: \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Am. Indian \_\_\_\_\_ Other \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

What are your present living conditions? \_\_\_\_\_

How are you supported? \_\_\_\_\_

Marital status: Single\_\_\_\_ Engaged\_\_\_\_ Common- Law\_\_\_\_

Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Remarried\_\_\_\_

What is your relationship with your husband/boyfriend now? \_\_\_\_\_

Would you say that your husband has a drug/alcohol problem, yes \_\_\_\_\_ no\_\_\_\_\_

Do you have any children? \_\_\_\_\_ How many? \_\_\_\_\_

Custody: (Me)\_\_\_\_\_ Other: \_\_\_\_\_

Education/Training: Last Grade Completed: \_\_\_\_\_

Have you ever been in special education classes? yes\_\_\_ no\_\_\_ If yes, please list what type:

Sexual Life: Homosexual\_\_\_ Bisexual\_\_\_ Transsexual\_\_\_ Heterosexual\_\_\_\_\_

How recently involved? \_\_\_\_\_

Have you ever-engaged in homosexual activities? Drug related or otherwise: \_\_\_\_\_

How frequently? \_\_\_\_\_

Have you ever been involved in prostitution? \_\_\_\_\_ When? \_\_\_\_\_

How long were you involved? \_\_\_\_\_

### III. Legal Status

Have you ever been arrested? \_\_\_\_\_ How many times? \_\_\_\_\_

List all charges: \_\_\_\_\_

Are there any pending charges? \_\_\_\_\_

Have you ever been on probation? \_\_\_\_\_ Are you on probation now? \_\_\_\_\_

Name of Probation Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Have you ever been in prison? \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_

Are you on parole? \_\_\_\_\_ Name of parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Name of lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

## IV. Employment

What kind of job or trade would you like to learn?: \_\_\_\_\_

What types of jobs have you held in the past: \_\_\_\_\_

\_\_\_\_\_

When was your last job? \_\_\_\_\_ Type of job? \_\_\_\_\_

## V. Health

Past History: (1) Write "yes" or "no" beside the illnesses or conditions that you have had.

(2) Write the dates that you had the illness or condition.

Scarlet Fever \_\_\_\_\_

Measles \_\_\_\_\_

Chickenpox \_\_\_\_\_

Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Small Pox \_\_\_\_\_

Typhoid Fever \_\_\_\_\_

Cancer \_\_\_\_\_

Syphilis \_\_\_\_\_

Gonorrhea \_\_\_\_\_

Diphtheria \_\_\_\_\_

Pneumonia \_\_\_\_\_

Nervous Breakdown \_\_\_\_\_

Have you or any member of your family suffered from nervous breakdown, suicide or attempts, migraine headaches, alcohol or drug abuse? yes \_\_\_\_\_ no \_\_\_\_\_

Which family members and how were they affected: (hospitalized, physician care, etc.)

\_\_\_\_\_

Have you ever had a blood transfusion? \_\_\_\_\_ When? \_\_\_\_\_ For What? \_\_\_\_\_

List any medicines you currently take: \_\_\_\_\_

\_\_\_\_\_

Do you have any special diet requirements due to allergies or for other medical reasons?

Yes \_\_\_\_\_ no \_\_\_\_\_ Explain: \_\_\_\_\_

What is the average amount of the following that you have consumed daily?

Alcohol \_\_\_\_\_

Barbiturates (downers) \_\_\_\_\_

Amphetamines (uppers) \_\_\_\_\_

Heroin \_\_\_\_\_

Cocaine \_\_\_\_\_

Hallucinogenic \_\_\_\_\_

Opiates \_\_\_\_\_

Glue \_\_\_\_\_

Tobacco \_\_\_\_\_

Marijuana \_\_\_\_\_

Crack \_\_\_\_\_

Crank \_\_\_\_\_

Valium or Sleeping Medicines \_\_\_\_\_

Others: (Specify) \_\_\_\_\_

## VI. Spiritual

Are you a born-again Christian? \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Have you ever been involved in groups, such as Christian Science, Jehovah's Witnesses, Mormonism, Scientology, TM, Eastern Religions, or others? yes \_\_\_\_\_ no \_\_\_\_\_

Explain: \_\_\_\_\_

How would you describe your relationship with God now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VII. The Problem

What do you consider are your main problems? \_\_\_\_\_

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What efforts, if any, have you made to correct these problems? \_\_\_\_\_

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Have you ever been in any out-patient program before? yes \_\_\_\_\_ no \_\_\_\_\_

Did you finish treatment? yes \_\_\_\_\_ no \_\_\_\_\_

Have you ever been in any Detoxification Program yes \_\_\_\_\_ no \_\_\_\_\_ How many times? \_\_\_\_\_

Did you finish treatment? yes \_\_\_\_\_ no \_\_\_\_\_ if no, please explain:

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Have you ever been in a Life Challenge program before? \_\_\_\_\_

Please list all the programs you have attended for help. Names and Dates:

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What would you like to do after you leave Life Challenge? \_\_\_\_\_

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## Statement of Release

I certify that all the information here is accurate and true to the best of my knowledge.

I understand that any false or incomplete information may result in disqualification of any application for entrance.

Signed \_\_\_\_\_  
*Applicant* *Date*

If forms were physically completed by anyone other than applicant, fill in below.

Person \_\_\_\_\_  
Relation to applicant \_\_\_\_\_

Do you understand that learning disabilities severe enough to hinder cognitive abilities with application and coordination of motor skills, may disqualify applicant from eligibility for program?

Yes \_\_\_\_\_ No \_\_\_\_\_

It is hereby understood that Life Challenge North Carolina is not responsible for any personal property left, lost, or stolen while in the program. I agree that any property or money left at Life Challenge of Western North Carolina over thirty days from my departure date, announced or unannounced, becomes the property of Life Challenge of Western North Carolina.

It is further understood that I release the right to Life Challenge to search my personal effects, make room searches, and also make physical frisk if need be.

I also release Life Challenge from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

I also give Life Challenge permission to open and check both incoming and outgoing mail for drugs and anything that might be harmful to the welfare of the program and residents.

Signed \_\_\_\_\_  
*Applicant* *Date*

Life Challenge does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of IV drug users have been infected by the HIV virus, at any given time there may be one or more students in the program that are HIV+. This center does not require students that are HIV+ to notify others in the program of their HIV status.

I do voluntarily, and of my own free will agree to the following conditions upon my admission to the program and ministry of Life Challenge of Western North Carolina. I do hereby absolve forever Life Challenge of Western N.C., its trustees, employees, and assigns of all responsibility for any of the following occurrences:

- \* Physical harm or injury to my person incurred or aggravated resulting from any accident, fire, attack by another person or persons, act of war or riot or as a result of the taking of any food or drug either eaten, injected, or in any other manner entering my body;
- \* Mental distress, neurosis, psychosis or nervous or psychological disorder incurred or aggravated by being connected with Life Challenge of Western North Carolina, or any part of its ministry, counseling, or other functions incurred as a result of physical harm or injury as delineated under item "a" above;
- \* Incarceration or criminal or civil punishment or suit or judgments as a result of criminal prosecution by any governing authority or individual which takes place while I am under the ministry of Life Challenge of Western North Carolina, or which takes place as a result of any act which I either allegedly or actually take part in during this period of time;
- \* Loss of real property or personal property.

I further agree that Life Challenge of Western North Carolina will have no financial or other responsibility for myself, my family, of other persons for which I am responsible, either during or after my affiliation with the organization, program or individuals and employees involved in its program.

I hereby agree to the free release of any photographs, recorded statements, testimonies, etc., released to the public during or after my affiliation with Life Challenge of Western North Carolina. However, Life Challenge of Western North Carolina agrees to ask for approval for any testimonies, photographs, or recorded statements, etc. which will be used.

Signed \_\_\_\_\_  
*Applicant* *Date*

I hereby agree to hold harmless, indemnify, and defend Life Challenge of Western North Carolina, its trustees, employees, or assigns against any and all claims arising out of my placing myself under their care and supervision.

I hereby certify that any money that I bring into the program, or any money I acquire while in Life Challenge of Western North Carolina (from family or friends) will be held in the office. I may draw on this account whenever the need arises.

I do hereby agree and understand that my admittance into the program of Life Challenge of Western North Carolina in no way obligates the organization, the board of directors, staff members, or any individuals involved in its program to pay hospital or medical bills accrued while in the program.

I agree to the following rules of conduct. I understand that any violation of any said rules will be sufficient grounds for expulsion from the program. Other rules will be explain upon orientation if acceptance is granted into the program.

- \* No smoking or alcoholic beverages allowed.
- \* No use of any drugs, including nicotine, is allowed.
- \* No physical violence or abusive language will be tolerated.
- \* Cooperation in all phases of the ministry will be expected.

Signed \_\_\_\_\_  
*Applicant* *Date*