* Purpose: The following information will be used to determine the fit between the applicant and the D.I.V.E. Residential program. In addition, it will provide staff a helpful understanding with which to support you while at the D.I.V.E. House. All information will be confidential and for use only by those whom oversee the program.
* All applicants must be willing to agree to complete the program, regardless of time required. In most cases, there is a trial period to determine readiness and suitability.

**1. Personal Information**

A. Name Age\_\_\_\_

Address Date of Birth\_\_\_\_\_

City State Zip

Phone Number

B. Marital Status (circle one):

* SINGLE
* DATING
* MARRIED
* SEPARATED
* DIVORCED
* WIDOWED

C. Are you in an active relationship with a woman? YES NO

 If yes, please provide:

Spouse’s or Significant Other’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.

Address

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Do you have children? YES NO

If yes, do you pay or are you required to pay child support? YES NO

How much do you currently owe on child support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Names of Children** | **Age** | **Birthdate** | **Mother’s Name** |
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**2. Education and Service Information**

1. What is the highest level of education or grade you completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you enjoy learning? YES NO
3. List any post-high school education or training you have had:
4. What are your future educational goals?
5. List your favorite pastimes/hobbies:

**3. Employment History**

1. What is your current employment status? Circle One:
	* Employed full-time
	* Employed part-time
	* Seasonally employed
	* Laid Off
	* Unemployed but seeking employment
	* Other, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If currently employed, please provide
	* Name of Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Name of Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Length of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Employer’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you physically, emotionally and mentally able to handle full-time work? YES NO
4. What is the minimum wage you are willing to work for? \_\_\_\_\_\_\_\_\_\_\_\_\_
5. What types of work do you enjoy doing?
6. Do you have any prospects for future employment when you are ready to work? YES NO
	* If yes, where?

**4. Criminal Justice History**

1. Have you ever had any criminal charges? YES NO
* List all local, out of the country, and out of state charges and the dates:

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| **Jurisdiction (Local, State, Country)** | **Charge** | **Date** |
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1. How many times have you been in prison?
	* List the charges and dates of each stay

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| **Charge** | **Date** |
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1. Do you have any legal issues pending? YES NO
* If yes, please explain:
1. Are you on probation or parole? YES NO
* If yes, for how long?
* Name of present or past Probation/Parle Officer:
* Phone Number of present or past Probation/Parole Officer:

E. Do you come under Megan’s Law as a sex offender? YES NO

Date when the Order expires:

F. Did you have any misconduct charges while in prison? YES NO

* If yes, how many misconducts did you have? \_\_\_\_\_\_\_\_\_\_\_
* If yes, please describe the misconducts and the dates they occurred:
1. What needs to change in your life, so you do not go back to prison? (Circle all that apply)
2. People, places and things
3. Being a follower
4. Stay away from drugs and alcohol
5. Stay away from bad relationships
6. Be more responsible in keeping a job
7. Deal with the reason I go to drugs and alcohol
8. Develop a meaningful relationship with Christ that impacts my day to day function
9. Other, please explain:

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**5. Spiritual Background**

1. Have you accepted Jesus Christ as your personal Lord and savior? YES NO
	* If yes, are you committed to following Him? YES NO
2. Do you have a home church that you regularly attend? YES NO
	* If yes, what is the name of your home church?
	* Church Address:
	* Pastor’s or Chaplain’s Name & Phone Number:

**6. Medical History**

1. Please list any current medical conditions and any history of serious illnesses:
2. What medications are you currently taking?

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| **Name** | **Dose** | **Purpose** |
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1. Please provide the name, phone number, and address of your Physician:
2. Do you have medical insurance? YES NO
3. In case of an emergency, who should be contacted?
	* Name:
	* Phone Number:

**7. Sobriety**

1. Are you now clean and sober? YES NO
2. Have you recently struggled with any of the following addictions? (Circle all that apply)

Heroin Cocaine, crack addiction

Alcohol Prescription Medication

Methamphetamine’s Ecstasy

Marijuana Inhalants

Pornography Other (please explain)

1. How recently have you used the substances listed?
2. Are you currently receiving treatment for substance abuse? YES NO
	* If yes, please describe the type of treatment:
3. Please list all recovery, rehab programs, or ministries that you have previously participated in along with dates of participation:
4. Are you involved with an AA/NA/CR Group? YES NO
	* If yes, what is your home group?

**8. Family History**

1. Father’s Name

Occupation Phone \_\_\_\_\_\_\_\_\_

1. Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation Phone \_\_\_\_\_\_\_\_\_

1. Describe any changes that should happen in your relationship with your parents:
2. Describe briefly any history of addictions in your family?

1. Are there any other significant family relationships or issues we should be aware of?

**9. General Information**

1. Why do you want to participate in the D.I.V.E. Residential Program (circle one)?
	1. I need a place to live.
	2. I can’t go back home anymore.
	3. I need accountability with learning how to live in my community.
	4. I need more structure in my life.
	5. I desire to grow in faith and discipleship.
	6. Other, please explain:
2. What are the goals you want to accomplish while in the D.I.V.E. program?
3. Explain how you will commit to and respect the objectives of the D.I.V.E. House Partnership plan? If you feel you cannot commit to the plan, explain why you cannot and why you feel you should still be accepted.
4. Write a 1-2-page summary of the key events that have shaped you to this point in your life. Include a brief testimony to the impact that Jesus or faith has had and your short-term and long-term future goals.
* How do you see D.I.V.E. helping you to achieve your goals?

Please review the program information and, if interested in admission, complete the following application, sign this form and submit application and form to the D.I.V.E. Residential program for review in one of the following ways:

* Email: info@diveinc.org or
* Mail to:

Jason McKinney

1813 Olde Homestead  Lane

P.O. Box 11086

Lancaster, PA 17605

**I have read and understand the D.I.V.E. Residential Program rules and objectives and agree to abide by them as long as I live in the D.I.V.E. residence. I understand that this is both a discipleship and a recovery-oriented program. By signing this agreement, I commit myself to adhere to the rules, financial responsibilities, and other activities as determined by staff. I am asking for help to turn from my old lifestyle and establish a new identity in Jesus Christ in which I have victory over destructive habits and am empowered to fulfill His call over my life.**

Printed Name & Date

Signature & Date

**We at D.I.V.E. commit to be a supportive and Christ-centered program that brings life transformation. We will strive to create and maintain a safe environment in which each person is respected, held accountable, and inspired to grow.**