

*"Who can find a virtuous woman? for
her price is far above rubies."*



Proverbs 31:10

*Bethany
House*

BETHANY HOUSE

PO BOX 353

Thomasville, NC 27360

336.307.1868

336.442.3130

A place where women's lives can be changed through Christ

Application Packet

A Ministry of Bethany Baptist Church

Pastor: Tom Fields

Director: Gary Craven

Dear Friend,

Thank you for your interest in Bethany House. I trust that this packet will answer your questions regarding the program.

Our mission is to train and empower women to live victorious Christian lives, enabling them to have permanent victory from any and all crippling sins. Let me say this, our program is hard and we are very serious about this ministry. However, if you are serious about changing your life for the glory of God and willing to learn to let God do the work, we can help you.

Remember this, the only permanent change is character change; and character change takes discipline, determination, and the wonderful grace of God. We will introduce you to all three while in our home.

In order to be considered for enrollment, you must follow each of these steps in their entirety:

1. Read and consider the attached Application and General Rules thoroughly.
2. Fill out the application neatly and completely including the financial agreement, work program agreement form, and food assistance agreement form and obtain a criminal history record and motor vehicle history report.
3. Return completed application and other requested forms to our office by fax or mail.
4. After allowing time to receive and review your application, call to have a phone conference with our Director on Monday through Friday during regular business hours.

You must personally seek help. No second party requests will be considered after the application is received. The program we use boasts a success rate that is unparalleled in comparison to secular addiction programs. We represent one of the most successful, if not the most successful, method in America. We do so at a cost far less than other comparable or reputable programs. Once again, thank you for your interest in Bethany House. If God leads you to this ministry, we will join with you in commitment to rebuild a life that has true freedom found only in Jesus Christ!

Sincerely Yours,

Pastor: Tom Fields

Financial Information and Support Agreement

The Bethany House Ministry cost Bethany Baptist Church a great deal.

Below is an explanation of financial costs:

MONTHLY SUPPORT FEE: \$300/month paid by sponsor (ladies can be self-sponsored)

***This is mandatory fee.

Each student's sponsor will be required to pay a student support fee of \$300 per month. This fee is payable monthly, in advance, over the course of **12-month program**. The support fee is paid by the student's sponsor (or the student herself if self-supported). This person or organization will demonstrate through their timely payment of their monthly support that the student is a good investment of their resources. If you cannot invest your resources in your student, then we cannot either. Each student's fuel, transportation, utilities, fixture, furniture, and staffing costs are met through this monthly support fee. We offer significant benefits for a very small investment. We believe everybody's church member, child, spouse, or sibling is worthy of this investment, no matter how many bridges they have burned. If necessary, this may build new ones!

ADMISSION FEE: \$125 (one-time-fee)

Upon entrance into the home, each lady will be required to pay a one-time-fee of \$125 for registration, books and clothing. This is a non-refundable fee.

The \$125 Admission fee is paid upon acceptance to the program by money order or certified check to allow Bethany House ample time to obtain all needed materials.

\$300 for the first month's tuition is due upon arrival paid by money order or certified check.

FOOD ASSISTANCE: Provided by state

In an effort to further lower program cost for our ladies, we have partnered with the state of North Carolina to provide food assistance to those who qualify. Each lady will be taken to the local department of human services to be assessed for food assistance eligibility and is required to take the necessary steps to qualify.

Mandatory Program Fees (These must always be promptly paid by supporters)

- \$300.00 per month non-refundable student support fee
- \$125.00 one-time payment, non-refundable, to cover application, appropriate clothing, and book costs.

PLEASE DO NOT SEND CASH OR GIFT CARDS.

Supporter Agreement Signature Page

Please check each box listed below:

- I realize I must pay \$125 upon acceptance to the program
- I realize I must pay \$300 upon arrival to the program
- I realize the monthly support fee is \$300 per month, payable in advance
- I realize that all wages earned by the student if any while in the program will go into a bank account for the student. Work/ labor is considered necessary, and will be taken very seriously. I also realize that if the student refuses to work, she cannot remain in the program. Upon completion of the program the student is issued all money earned from employment while a student is at Bethany House.
- I agree to reimburse Bethany House for \$25 cost for any payment rejected or returned.
- I realize that a student is subject to termination for not receiving proper payment.
- Eviction from the home does not eliminate the responsibility to pay overdue support fees.
- You are responsible for your own personal hygiene items. Please bring a supply. Family members should send occasional packages. Again, do NOT send money or gift cards to the student. To best protect our students, please note that all packages and correspondence are subject to search. Special arrangements can be made with leadership, as deemed necessary, for certain needs that may be beyond the scope of this policy.

The Supporter Agreement must be completed by the person responsible for the monthly support fee. If multiple parties are involved, one party will need to serve as the principle to gather funds from others and issue a single payment to Bethany House.

Student's Name: _____ (please print)

Supporter's Name: _____ Relationship to Resident: _____

Supporter's Address: _____

City: _____ State: _____ Zip: _____

Supporter's Day Phone: (_____) _____ -- _____ Evening Phone: (_____) _____ -- _____

We have read, understand, and agree to the terms and conditions of this agreement.

Supporter's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Note: All residents support fees are non-refundable.

General Rules

Things to bring:

- King James Bible
- You will be permitted to wear a limited amount of dress attire. Please do not bring excess amounts of clothing. Extra clothing will be stored in an inaccessible location.
- You will need at least 3 church dresses, and/or 3 skirt and shirt outfits. Bring a pair of work shoes and a nice pair of shoes for church, and proper hosiery.
- Personal hygiene items, towels, shower shoes, and sleepwear
- Alarm clock (without radio, cassette, or CD player)
- Complete bedding-twin bed (sheets, blanket, pillow and pillowcase).
- Prepaid phone card if needed.
- Proper ID: You must bring 2 forms of identification. If you do not have 2 forms of ID, please bring your birth certificate so that we might help you obtain proper identification while you are here.
- Supplies
 - Paper
 - White, ½ inch three ring binder
 - 3x5 cards, pens, envelopes, stamps, etc.

Note: You will be charged for these items if you do not bring them.

Prohibited Items: I Corinthians 6:19

- Drugs/alcohol/pornography/tobacco
- Electronic equipment or audio/video playing devices
- Unauthorized medications (must be pre-authorized by Bethany House)
- Unauthorized sleeping aids (must be pre-authorized by Bethany House)
- Music (music will be provided by Bethany House)
- Jewelry must be worn in moderation. You may have only one earring in each ear and they can only be worn in the lower lobe.

Any products containing alcohol (mouthwash, cologne, perfume, etc.)

Cell Phones, Computers, Tablets, or ipads

Cash

Note: These items, if brought, will be confiscated and stored for you until your stay with us is complete.

Care packages:

Students are allowed to receive care packages while at Bethany House. The following is an example of what is acceptable.

SAMPLE CARE PACKAGE LIST

Note: If the receiving student has eating or weight problems, please do not send junk food.

Deodorant	Gloves	Shaving Cream
Bible Concordance (KJV)	Dental Floss	Jelly Beans
Shampoo	Hair Spray	Candy Bars
Face Wash	Pictures	Lotion
Personal Reading Lamps	Hair Gel	Chocolate
Baby Powder	Frames	Tampons/Pads
Scarves	Disposable Razors	Breath Mints
Toothpaste	Phone Cards	Fabric Wrinkle Reducer

YOU MAY NOT SEND:

- Mouth wash with alcohol
- Music
- Drugs/Alcohol/Pornography/Tobacco
- Unauthorized Medication
- Unauthorized medicinal sleeping aids
- Cell Phones
- Cash/Checks/Credit Cards/Wal-Mart Cards
- Alcohol based colognes/perfumes/aftershaves
- Creatine and other body building supplements
- Energy Drinks
- Baking Soda
- Hand Sanitizer

Communications

With the exception of legitimate emergencies, the resident will be permitted their first monitored phone call no sooner than after the first 10 days of the program. This call will be to a person on the approved call list that the resident establishes with the staff upon entering the home. Below is the schedule for further monitored phone calls, based on their phases in the program.

Phase 1 – One call per week – Monday night only

Phase 2 – Two calls per week – Tuesday and Thursday night only

Phase 3 – Three calls per week – Monday, Thursday, and Saturday night only

Phase 4-8 – Four calls a week – Monday, Tuesday, Thursday, and Saturday night only

- ❑ All long distance calls must be made using a pre-paid card
- ❑ Phone calls will be 10 minutes in length, barring any extenuating circumstances.
- ❑ Frequency of calls may be regulated further as deemed necessary by staff, but at no time will a resident be denied communication if they opt out to leave the program and need to contact somebody.

Visitation

The resident's first visit shall be after 60 days in the home. For the visitations to begin the student must have successfully completed the 1st phase and transitioned into the 2nd phase. If the student incurs disciplinary action this could cause loss of visitation privilege.

Below are the boundaries for visitation:

- ❑ Permission for this visit must be gained from the student's Director in advance of a visitation. A signed variance form from the Director must be on file.
- ❑ No student is allowed to stay overnight anywhere but Bethany House and no guests are allowed to stay on Bethany House premises.
- ❑ Visitation shall be enjoyed Saturdays only. Starting after the student completes all chores she has for the day and ending at 9:00 pm. This is non-negotiable.
- ❑ The student will be picked up for the visitation and dropped off after visitation at Bethany Baptist Church only. This is non-negotiable.
- ❑ Visitation is for close family, directors, and pastors only. This too is non-negotiable
- ❑ The student's activity itinerary and visitor's contact information shall be given to the Director one week prior to the visit.
- ❑ The student is required to fulfill many of their program responsibilities while simultaneously enjoying a visitation. Again, if this liberty is abused, it will affect their program and next visit. Some of these responsibilities include but are NOT limited to:
 - Chores due to be performed by the student that day.

- Any functions planned for that Saturday by Bethany House for the students.

Church/Bible Study/Program Conduct:

Bibles and the "It's Personal" Daily Journal must be brought to all services, Bible studies, and daily chapels.

Residents will attend all services of Bethany Baptist Church, classes of RU, and activities as scheduled by your Director.

No talking during services: eyes forward and no disruptions. Notes should be taken.

Residents are required to read, study, memorize, and meditate in their Bibles every morning before leaving for work or starting duties for the day. We will require our students to carry their Daily Meditation Cards (out of the "It's Personal" Daily Journal) with them throughout their day.

If you are unwilling to spend one hour studying your Bible every day, you cannot remain in the home.

Each week you must progress further in your phases. This will be monitored during your evaluations with the Director of the home.

All students will sit in the reserved rows in the sanctuary.

Restroom time will only be allowed prior to services and between services with an approved monitor present.

No fraternization or conversation with the opposite sex is permitted for any reason at any time.

Vehicle Conduct: (II Cor. 5:12; I Cor. 14:40)

Punctuality to all programs and services is a requirement. You will be at every function 15 minutes before it begins. You will not leave the church services or activities any sooner than 15 minutes after dismissal.

Conversations in the vehicles shall be kept Christ like.

All applicable North Carolina laws shall be adhered to and followed.

All vehicles shall be kept clean at all times.

No unauthorized stops between scheduled transportations.

Conversation/Behavior: (Study and follow this closely. It will be enforced!)

Our program goal is to have all conversation and behavior be Christ like.

Gripping, negative criticism, gossiping, complaining, faultfinding, foul language, and sowing discord will not be tolerated.

Talking about old habits or lifestyles is against God's word and is not permitted.

Failure to turn in a student for a violation of rules will result in your receiving the same punishment. You are not doing anyone any favors by concealing a violation.

No returning to bed after the morning Bible studies.

A kind and courteous attitude is expected at all times.

No dating is allowed while the student is in this program. Our program focus is not on the development of personal relationships, but rather on the most important relationship, the one between you and Jesus Christ. All other existing relationships will be scrutinized to determine relevance to the maximizing of this primary focus. Any non-binding or non-blood related relationships will most probably be put on hold until the completion of the program.

Leaving the premises of the homes except for work, scheduled functions, or with authorized personnel is prohibited, unless a student desires to leave the program.

Work Performance Policy:

No sleeping or slacking off during work times.

If a student compromises their work therapy program from a ministry position or by one of our ministry employment partners for any behavioral or work ethic related issue, she will be required to spend the next week in "redshirt" status.

"Redshirt" status prohibits the student to fellowship and participate in other enjoyable activities.

If a student compromises their work therapy program for a similar reason a second time, the same consequences will be rendered, and the student will also return to Phase 1 day 1 of the program.

If a student compromises their work therapy program for a third time for such issues, the Student will be terminated from the program.

Women's Dress Code:

Women's dress is taught by our leadership and monitored closely by the Director.

Bethany House has standard uniforms shirts for church services, which will be provided for you.

Women may be permitted a black or tan cardigan to be worn with their uniform, if desired.

The dress code may be amended at any time as deemed necessary by the housing Director.

Personal Hygiene: (I Cor. 14:40; II Cor. 5:20; Mark 5:15; John 11:39b)

All residents must brush their teeth, comb their hair, wash their face, and put on clean clothes each morning before Bible study.

Everyone showers at least once per day, but no more.

All body odors must be controlled.

Room Rules: (I Cor. 4:2; Matt.25:21, 29)

The room assigned to you, as everything else on our property, belongs to God. It must be treated as such. A violating student shall be held financially responsible for all damage done to God's property.

Any and all theft will be grounds for immediate termination.

No furniture is to be moved out of position without approval.

Any pictures brought into the home must be approved. Nothing shall be attached to the walls.

Any personal food items will be kept in an airtight container provided by the student and labeled with their name.

Wasting electricity is poor stewardship and will not be tolerated.

No one is to congregate in another resident's room for any reason without authorization.

Rooms must be kept neat and orderly at all times.

All rooms and persons are subject to random search and seizure, including drug and alcohol tests.

Rooms must be cleaned and beds must be made to a designated, uniform standard each morning before Bible study.

Common areas shall be cleaned daily and kept neat and orderly.

Chores will be assigned to each resident as needed. Completing your chores in a timely manner will be expected.

Kitchen:

Your meals will be provided and served by designated kitchen workers.

Residents may not enter the food storage areas unless requested to do so by a leader or the kitchen crew.

Negative remarks about food will not be tolerated. Prayer and fasting are a profitable substitute.

Daily Schedule Notes:

This is a working program. Some volunteer and employment positions begin earlier and end earlier in the day. Your schedule will be given daily and in advance.

Everyone has a job and everyone works. Though you are essentially a volunteer in some cases and employed in others, you will be required to maintain a strong work ethic or we will be unable to keep you in the home.

On Saturday and Sunday, mandatory "It's Personal" Daily Journal shall be done during the student's free time.

Individual student intervention meetings with the Director will be done throughout the week and base on Phases. This is subject to change based on schedule conflicts and Director work load.

This schedule is subject to change as deemed necessary by Bethany House.

Attitude:

Every person at our home is expected to be committed to, and give complete dedication to living the highest quality Christian life possible. Your attitude must reflect this commitment in:

- Gratefulness to God and the church
- Humility toward your fellow man
- Willingness to be corrected and taught
- Readiness to change old behavior patterns
- Transforming negative, pessimistic attitudes.

PROGRAM REQUIREMENTS

Phase One (minimum of 45 days)

1. Complete the Overcomer booklet
2. Complete the Challenger Workbook
3. "It's Personal" Daily Journal
4. View a principle a day, every weekday
5. Attend all evening training functions
6. Six individual student intervention meeting sessions with the Director
7. Read Nevertheless I Live chapters 1-2 by Steve Curington. Write a 50 word essay on each chapter.
8. Read Distressed, Oppressed or Possessed book. Write a 50 word essay on each chapter.
9. To progress to Phase Two you must first be evaluated by the Director.

Phase Two (minimum of 45 days)

1. Complete the Transformer Workbook
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday

4. Attend all evening training functions
5. Four individual student intervention meeting sessions with the Director
6. Read Nevertheless I Live chapters 3-4 by Steven Curington. Write a 50 word essay on each chapter.
7. Must pass the Transformer level test.
8. To progress to Phase Three you must first be evaluated by the Director.

Phase Three (minimum of 45 days)

1. Complete the Conformer Workbook
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday
4. Attend all evening training functions
5. Three individual student intervention meeting sessions with the Director
6. Read Nevertheless I Live chapters 5-7 by Steven Curington. Write a 50 word essay on each chapter.
7. Read Tall Law by Steven Curington, chapters 1-5. Write a 50 word essay on each chapter.
8. Must pass the Conformer level test.
9. To progress to Phase Four you must first be evaluated by the Director.

Phase Four (minimum of 45 days)

1. Complete the Reformer Workbook
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday
4. View Spiritual Gifts workshop and take the Spiritual Gifts test.
5. Attend all evening training functions
6. Two individual student intervention meeting sessions with the Director.
7. Read Nevertheless I Live chapters 8-10 by Steven Curington. Write a 50 word essay on each chapter.
8. Must pass the Reformer level test.
9. Read Tall law by Steve Curington, chapters 6-10. Write a 50 word essay on each chapter.
10. To progress to Phase Five you must first be evaluated by the Director.

Phase Five (minimum of 45 days)

1. Complete first section of Uphold book
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday
4. Attend all evening training functions
5. Three individual student intervention meeting sessions with the Director. Include an outside family member or approved support person in the second meeting of this phase.
6. Read "Bitterness" by Dr. Paul Kingsbury. Write a 50 word essay on each chapter.
7. Read chapters 1-8 of "A worthy model" by Wendy Burks. Write a 50 word essay on each chapter.
8. To progress to Phase Six you must first be evaluated by the Director.

Phase Six (minimum of 45 days)

1. Complete second section of Uphold book
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday
4. Attend all evening training functions
5. Three individual student intervention meeting sessions with the Director
6. Read chapters 9-15 of "A worthy model" by Wendy Burks. Write a 50 word essay on each chapter.

Phase Seven (minimum of 45 days)

1. Complete the Uphold book
2. "It's Personal" Daily Journal
3. View a principle a day, every weekday
4. Attend all evening training functions
5. Three individual student intervention meeting sessions with the Director. Include an outside family member or approved support person in the second meeting of this phase.
6. Read chapters 16-22 of "A worthy model" by Wendy Burks. Write a 50 word essay on each chapter.
7. Test on Uphold book must be completed and passed
8. To progress to Phase Eight you must first be evaluated by the Director.

Phase Eight (minimum of 45 days)

1. "It's Personal" Daily Journal
2. View a principle a day, every weekday
3. Attend all evening training functions
4. Three individual student intervention meeting sessions with the Director.
5. Write an essay about your testimony and how your life has changed.
6. To graduate, you must have a final evaluation with the Director and have completed all tests and read all material. Also you must have scored an average of 3 or greater on all evaluations given.

Each student is required to work through their curriculum requirements as stated for each phase. We believe pacing too slowly or too quickly through the curriculum to be detrimental to the retention of the primary tools taught at Bethany House.

No other books, periodicals, newspapers, or other writings shall be made available to the student. Please do not send such materials or request an exception to this rule.

WOMEN'S DAILY SCHEDULE

Monday-Friday

- 6:00 AM Awake for the day; breakfast; dressed for the day
- 7:00 AM Report for "It's Personal" daily devotions
- 8:00 AM
- 3:30 PM
- 3:45 PM Chapel
- 4:45 PM Get table and student ready for dinner
- 5:00 PM Dinner
- 5:45 PM Dinner over; clean up
- 6:00 PM Daily Chores
- 6:30 PM Evening function
 - Monday
 - Tuesday
 - Wednesday-mid -week church service starts at 7:00 p.m.
 - Thursday
 - Friday Reformers Unanimous local chapter meeting starts at 7:00 p.m.
- 9:00 PM Study, fellowship, relax
- 10:00 PM Mandatory lights out

Saturday

- 8:00 AM Awake for the day
- 9:00 AM Clean buildings; do individual chores
- 4:00 PM Study, fellowship, relax
- 9:00 PM Those students with visitors return to church
- 11:00 PM Mandatory lights out

Sunday

- 8:00 AM Awake and get ready for the day
- 10:00 AM Bethany Baptist Church Sunday School class
- 11:00 AM Bethany Baptist Church service
- 12:30 PM Afternoon: relaxation time; Lunch
- 6:00 PM Bethany Baptist Church evening service
- 8:00 PM Study, fellowship, relax
- 10:00 PM Mandatory lights out

GENERAL RULES AND DAILY SCHEDULE SIGNATURE PAGE

The purpose of the General Rules and Daily Schedule is to ensure that you are aware, in advance, of your anticipated responsibilities and activities. They will assist us in protecting you from temptation while you are being fed spiritually. Growing spiritually will be up to you. You will need to meditate upon and submit to what you are reading, hearing, and learning in order to see lasting change. The General Rules and Daily Schedule are subject to change at any time without advance notice by the leadership of the program. Also, the General Rules and Daily Schedule may be slightly different for certain individuals, for specific reasons. Altering the schedule for one does not necessitate altering for all.

I, being of sober mind and in a willing spirit, have read the General Rules and Daily Schedule for Bethany House and I agree to honor them.

Name of Applying Student (Print) _____

Signature of Applying Student: _____

Bethany House Work Therapy Program

Statement of Student Applicant

I hereby acknowledge and agree to the following terms and conditions of acceptance into Bethany House of Thomasville, North Carolina:

1. The Bethany House Work Therapy Program requires each student trainee to perform volunteer community service. The purpose of the program is to therapeutically develop in each student trainee a sense of responsibility, accomplishment, and a sound work ethic to equip her for reentrance into the workforce as a productive citizen. A student trainee's community service may include volunteer community service at either: the Bethany House residential facilities; Bethany Baptist Church and Christian school and offices; and/or, the locations and facilities of any of Bethany's business partners.

2. I understand that under no circumstance can Bethany House be under any obligation to me, and that I am a beneficiary and not an employee of Bethany House, Bethany Baptist Church and/or any of Bethany's business partners. I also understand that I will not receive any compensation for this student trainee voluntary community service.

3. I understand that I am not applying to Bethany House for employment, but to the contrary, my application is for help in recovering from my sinful habit(s). Furthermore, I understand and acknowledge that the work that I perform while a student trainee at Bethany House is much like that of an academic training internship without pay, and has been designed for my long term recovery and is not being performed for wages.

4. I understand that if I fail to perform Bethany House assignments dependably, and to the best of my ability as unto the Lord, I may be subject to levels of disciplinary action, up to and including termination from Bethany House.

5. I understand that any accidental bodily injury incurred by me while fulfilling my work therapy assignments will not qualify me for a Workman's Compensation claim. I hereby accept full responsibility for any and all medical expenses that I may incur.

6. Physical Limitations: Bethany House must be notified of any and all physical limitations pertaining to work therapy. Any limitation does not exempt a student from work therapy requirements, but will help Bethany House when finding a place for the student to serve. I am fully aware that if I refuse to work or am unable to work due to poor work ethic, bad attitude, or egregious behavior that I cannot remain in the home.

Date: _____

(Applicant's Signature)

(Print Applicant's Name)

(Witness Signature)

(Print Witness' Name)

WORK PROGRAM CONSENT FORM

I, _____, understand that in this program, I may eventually have employment. If I have physical limitations or am unable to work for any reason, I understand that I am to inform Bethany House before I enter the program. I understand that all of my earned wages if any while employed through Bethany House will go into an account set up at a bank in my name. I will be given all monies that I have earned while employed upon completion and graduation from Bethany House. I am fully aware that if I refuse to work when available or am unable to remain employed when acquiring a job due to poor work ethic, bad attitude, or egregious behavior I cannot remain in the home.

By signing this page, I am acknowledging I have read and agree to abide by the Work Performance Policy in its entirety.

Please list any physical limitations below:

Signature

Date

Print Name

DISCIPLESHIP PROGRAM DISCIPLINE

Student Chastening (Hebrews12)

A Major violation shall be handled by the Director and pastor with the student.

A Major violation shall result in dismissal from Bethany House and the program.

Major Violation: Possession or use of any drugs, alcohol, pornography, tobacco, cash or cash equivalents; bartering for goods or services; intentional destruction of God's property; leaving premises without permission; displaying occult or new age type behavior, or inappropriate fraternization. Other violations not listed above can also be designated as a "major offence" at the discretion of the Director.

Minor Violation: Violation of any of the "General Rules" of the program. Other infractions not listed in the General Rules may also result in a "minor violation" at the discretion of the Director.

1st Offense: One hour additional duty

2nd Offense: Three hours additional duty

Violations can only be determined by the staff of Bethany house.

"Liberty abused will be liberty lost!"

NOTE: If the student has time added to their program for excessive violations the supporter may be subject to additional charges.

BETHANY HOUSE APPLICATION

I. PERSONAL INFORMATION

First Name		Last Name			Middle Initial	
Home Address						
City		State		Zip		Phone
Age		Date of Birth		Social Security #		
Occupation		Business Phone		Can you read and write?(Circle One) YES or NO		
Education (circle last year completed):		1 2 3 4 5 6 7 8 9 10 11 12			College: 1 2 3 4 5+	

Describe your skills or employment history (what you have done?):

Person Responsible for your monthly support:

Name						
Billing Address						
City		State		Zip		Phone

Person to be contacted in case of emergency:			
Name			
Home Address			
City	State	Zip	Phone

II. MILITARY SERVICE	
Have you ever been in military service? (circle one)	YES or NO
Branch:	
Highest rank held:	Jobs held:
Honorably discharged? (circle one)	YES or NO

III. LEGAL INFORMATION	
Have you ever been arrested or in jail? (circle one)	Where:
YES or NO	
Charges:	
Time served:	Are you on: <input type="checkbox"/> Supervision <input type="checkbox"/> Parole <input type="checkbox"/> Probation
Name of your parole/probation officer:	
Address:	
City	State
Zip	Phone
Do you have any pending court cases? (circle one)	If yes, give details:
YES or NO	
(You may be obligated to reschedule court dates when you are accepted into the home.)	
Have you ever been convicted of sexual misconduct? (circle one)	YES or NO
Have you ever been convicted of a violent crime, including simple assault? (circle one)	YES or NO
Do you have to register your residence with any entity whatsoever? (circle one)	YES or NO

If yes, why?	
*An answer of YES to the previous four questions does not necessarily disqualify you from our home; however, you may be obligated to give details in your phone interview.	
Do you have a valid driver's license? (circle one) YES or NO	State issued:
Please list your License Number:	Do you have a State ID? (circle one) YES or NO
Do you have a Social Security card? (circle one) YES or NO	Are you a US Citizen? (circle one) YES or NO
NOTE: A state-issued photo ID & SS card (or birth certificate) are required upon entrance into the home.	
Are you currently receiving any kind of government assistance? (circle one) YES or NO	
If YES, please check all that apply:	
<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Cash assistance
<input type="checkbox"/> Medicaid or state funded medical insurance	<input type="checkbox"/> Social Security
	<input type="checkbox"/> Disability
If you checked "Disability", what is your disability?	

IV. HEALTH INFORMATION	
Rate your physical health: <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Declining	
Height:	Weight:
List any current physical handicaps or physical limitations which would impact your volunteer position:	
If you have a medical condition that requires regular visits to your doctor, list the reasons and how often you need to be seen.	
Are you presently taking medication? (circle one) YES or NO	
List the medications:	

Do you anticipate needing this medication while you are in the program? (circle one)		YES	or	NO
If accepted, can you get enough medication to complete the program? (circle one)		YES	or	NO
Have you ever used prescription drugs for non-medical purposes? (circle one)		YES	or	NO
If yes, list all prescription drugs and approximate dates and length of use:				
Have you ever been hospitalized for a severe emotional breakdown? (circle one)		YES	or	NO
If yes, why?				
Where:	How long:	Discharge Date:		
Have you ever had any psychotherapy or counseling? (circle one)		YES	or	NO
Counselor/Therapist Dates and Reason:				
Check all of the health issues you have or have had in the past:				
Tuberculosis	AIDS	STD	Poor Eyesight	
Hearing Loss	Colitis	Pneumonia	Leukemia	
Bronchitis	Cirrhosis	Anemia	Toothache	
Kidney	Glaucoma	Backache	Blackouts	
Thyroid	Hepatitis A	Ulcers	Epilepsy	
Cancer	Hepatitis B		Arthritis	
Diabetes	Hepatitis C	Mental Illness	Hypoglycemia	
Depression	MRSA			

This is a work therapy program that requires you to volunteer or obtain employment. Are you in any way unable to volunteer or obtain employment while in our program? (circle one)		YES or NO
If Yes, please explain why:		
Do you have any existing dental problems? (circle one)		YES or NO
WE ARE NOT A MEDICAL FACILITY: If your health requires you to see a doctor on a regular basis or more than twice a month, this program may not be for you. We have no medical staff on site and are limited to simple first-aid. In case of emergency we will take you to a local hospital, and in the case of a legitimate acute illness, we will be able to take you to a local clinic to see a health care professional. If doctor appointments become required on a frequent basis, you may be subject to a medical discharge from the program.		
Do you understand that we are NOT a medical facility? (circle one)		YES or NO

V. MARRIAGE AND RELATIONSHIP INFORMATION			
Complete this section if you have ever been married or had children. If you have never been married and have no children, proceed to Section VI.			
Name of Spouse:			
Address:			
City:	State:	Zip:	
Phone:	Age:	Occupation:	
Business Phone:	Date of this marriage:		
Have you ever filed for divorce? (circle one)			YES or NO
Do you have any previous marriages? (circle one)			YES or NO
If yes, how many:		Give brief information about any previous marriages:	

Children: Please list the following for each child: Name, age, gender, and marital status:
1.
2.
3.
4.
5.
6.
Are you responsible for any court-ordered child support? (circle one) YES or NO
If yes, what arrangements have you made for your payment responsibilities?

VI. RELIGIOUS BACKGROUND

Are you a member of a church? (circle one) YES or NO		Denomination:
Church attendance per month (circle number of services attended)		0 1 2 3 4 5 6 7 8 9 10 +
Church Name:		
Address:		
City:	State:	Zip:
Phone:	Pastor's Name:	
How often do you pray?	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Are you going to heaven when you die?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know
If you answered yes, how do you know for sure?		
Do you read the Bible?	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Explain any recent changes in your spiritual life:		

VII. PARENTAL FAMILY HISTORY

Mother's name: Living? Deceased?

Occupation:	Denomination:
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Father's name: Living? Deceased?

Occupation:	Denomination:
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Do your parents attend church? Yes No

Please give us your parents' current address:

Were you raised by anyone other than your own parents? Yes No

If yes, please explain briefly:

Are your parents still living together? Yes No

If no, what year were they separated?

Rate your parents' marriage: Very happy Happy Unhappy

Who were you closest to as a child? Mother Father

Rate your childhood: Very happy Happy Unhappy

How many brothers and sisters do you have? _____ Brothers _____ Sisters

Are there any addictive problems in your family? Yes No

If yes, please describe briefly:

VIII. MISCELLANEOUS

Have you, your parents or grandparents ever been involved in any occult, cultic, New Age, or other non-Christian practices? Yes No

If yes, explain briefly:

Have you been sexually abused? Yes No

Because we have communal living, we need to know if you have ever been involved in any sexual orientation or behaviors other than that of a heterosexual relationship. Yes No

Would you consider yourself to be attracted to the same sex? Yes No

****Answering "Yes" to the above three questions does not necessarily disqualify you for admittance; it only serves to help us better care for your needs if you are admitted.**

How many hours of music do you listen to per week?

List your five favorite musicians/musical groups and their genre:

1. _____
2. _____
3. _____
4. _____
5. _____

List all addictions and/or behavioral problems you are experiencing that have caused you to apply to our home:

How have you previously tried to solve your problems?

Circle below feelings that describe your life:

inferior	insecure	inadequate
guilty	worry	doubt
pride	bitter	anger

Have you ever thought about or tried to commit suicide? Yes No

If yes, please explain.

Work, Education Questionnaire	
What is your most recent work history?	
Most Recent Employer: 1.	Job Position / Yrs. Work:
Company contact:	Company Address and Phone Number:
Next most Recent Employer: 2.	Job Position / Yrs. Work:
Company contact:	Company Address and Phone Number:
Third most Recent Employer: 3.	Job Position / Yrs. Work:
Company contact:	Company Address and Phone Number:
What is your education history?	
___ Grade School	Completed in year _____
___ High School	Completed in year _____
___ College Education	Attended for how long? _____ Major: _____
___ Trade School Education	Attended for how long? _____ Trade: _____

What skills do you have? (check any that apply)		
<input type="checkbox"/> Phone Skills <input type="checkbox"/> Office Skills <input type="checkbox"/> Computer Skills - if yes, what programs: _____ _____ _____	<input type="checkbox"/> Typing Skills - if yes, how many words per minute: _____ <input type="checkbox"/> Filing Experience <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical	<input type="checkbox"/> Machine Shop <input type="checkbox"/> Construction <input type="checkbox"/> Janitorial <input type="checkbox"/> Auto Mechanic Other: _____ _____

What is your spiritual background or upbringing (necessary for program purposes but not necessary for employment purposes)?

None
 Southern Baptist
 Independent Baptist
 Pentecostal
 Methodist
 Catholic
 New Evangelical or Free Church
 Other: _____

What ages were you brought up in this environment? From _____ to _____

If you could do whatever you wanted for a living, what would it be and why?

Are there any problems that would restrict or limit your availability to do manual labor or office clerical work?

Yes No

If yes, please explain in detail:

RELEASE OF CRIMINAL CONVICTION RECORDS

I, the undersigned, do hereby authorize Bethany House to examine any and all criminal records and arrests on file in the counties in the state of which I have convictions. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history to the staff of Bethany House alone.

I understand that I am to obtain and supply my full extensive criminal record history/background to Bethany House along with this application. I understand that I also am to obtain and provide a motor vehicle history report for Bethany House to review. An application will not be considered or reviewed if these two reports are not included with the application when submitted.

I have convictions in the following counties and states:

County/State: _____

County/State: _____

County/State: _____

Today's Date _____

Signature _____

Print Applicant's Name _____

Driver's License Number _____

Social Security Number _____

Street Address _____

City: _____ State: _____ Zip: _____

DRUG SCREEN AUTHORIZATION AND CONSENT

I authorize and give full permission to have Bethany House, and/or their selected physician, send a specimen of my urine and/or blood for a screening test for the presence of illegal drugs, alcohol, tobacco, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error.

I understand this is a legal binding document, which is binding because Bethany House is sending me for the examinations and paying for them.

I UNDERSTAND BETHANY HOUSE WILL REQUIRE A DRUG SCREEN TEST AT RANDOM OR WHENEVER AN INJURY IS REPORTED IN ACCORDANCE WITH BETHANY HOUSE POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO DRUG TESTING OR A POSITIVE RESULT WILL BE GROUNDS FOR TERMINATION FROM MY TENANCY AT BETHANY HOUSE IMMEDIATELY.

Signature

Date

Print Name

FOOD ASSISTANCE RELEASE

I, _____, understand that I may be asked to visit the local Department of Human Services office to evaluate my eligibility for food assistance. I recognize that I am to do this so that I may offset the costs of my food while in the program

IMPORTANT *If you or any of your dependents have an active assistance case open in your name in your home state (other than North Carolina) you must inform the admissions coordinator with whom you are working and disclose it on the application where asked. By signing below, you agree to adhere to all of the aforementioned stipulations.

Signature

Date

Print Name

FINAL APPLICATION SIGNATURE PAGE

I recognize my need for help and I am therefore applying for admission to Bethany House. I understand that Bethany House is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people with behavioral problems.

I have carefully read and understand all of the rules of the Bethany House Program. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant or repetitive violation will be grounds for my dismissal from the program.

I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life, and my willingness to help myself, including chores and duties as may be assigned to me.

I agree that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the Bethany House Program, to hold Bethany House harmless from any and all liability in connection therewith. I authorize investigations of all statements contained in this application as may be necessary in arriving at an admissions decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.

In the event that I quit the program and leave Bethany House before graduation, I understand that Bethany House is in no way responsible to provide me with transportation from the home to any location. I understand that Bethany House is also not entitled to provide any refund whatsoever. I further understand that if I were to leave the home without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property.

Bethany House will not be responsible for storage or shipment of any of my personal belongings.

I also understand that any earned money while employed while being a student at Bethany House if any will be held if I do not complete and graduate the program.

I certify that the answers given in this application are true and complete to the best of my knowledge.

Applicant's Signature

Witness

Application Submission Instructions

The following items will need to be completed in their entirety and fully understood for you to be considered for admission in to the Bethany House:

- 1) Supporter Agreement Signature Page
- 2) General Rules
- 3) Application
- 4) Obtain an Extensive Criminal Background Criminal History and Send with Application
- 5) Drug Screen Authorization and Consent
- 6) Work Therapy Program
- 7) Food Assistance
- 8) Obtain A Motor Vehicle History Report and Send With Application
- 9) Final Application Signature Page

When all of these forms are completed in their entirety, please fax all of the pages to 336-472-3391, and call the offices at 336-307-1868 or 336-442-3130 to schedule your personal interview.

Lord willing, we look forward to serving you in the months ahead. Thank you for making the difficult, but life changing decision to seek the only TRUTH that makes you free.