

# Olympia Union Gospel Mission

## Men's Life Transformation Program Application

Today's Date:

**Privacy Statement** Information you provide here is confidential. We will not disclose your information to any person outside this organization nor with any State or Federal organization without the signed consent of the individual, unless required by law.

### PERSONAL INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

A phone number to reach you: \_\_\_\_\_ Message number?  Yes  No

Email address: \_\_\_\_\_

If no phone or email, how can we contact you? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Your Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Driver's license or ID # \_\_\_\_\_ State \_\_\_\_\_

Expiration Date \_\_\_\_\_ Is your DL suspended/revoked?  Yes  No

Do you own a vehicle?  Yes  No Does it run?  Yes  No

Is it insured/licensed?  Yes  No Where is it parked? \_\_\_\_\_

### LIVING ARRANGEMENTS

Where do you currently sleep? \_\_\_\_\_

\_\_\_\_\_ How long have you been there? \_\_\_\_\_

If you are sleeping indoors, how much do you pay for rent? \_\_\_\_\_

Ever been evicted?  Yes  No If so, where & why: \_\_\_\_\_

### FAMILY INFORMATION

Marital Status:  Married  Divorced  Single  Separated  Widower

Do you have any children you are responsible for?  Yes  No

Explain:

Office Use Only

Date Application Received \_\_\_\_\_ Background Check \_\_\_\_\_ Interview \_\_\_\_\_

Accepted into Program \_\_\_\_\_

## SUBSTANCE ABUSE HISTORY

What substances are you currently using or have you recently used?

What is your drug of choice? \_\_\_\_\_ Why? \_\_\_\_\_

What is your longest period of abstinence from alcohol and/or drugs? \_\_\_\_\_

When did you last use? \_\_\_\_\_

How many treatments have you tried? \_\_\_\_\_ Last treatment was: \_\_\_\_\_

Where? \_\_\_\_\_ What kind?  outpatient  inpatient

Did you complete treatment?  Yes  No

Why did it fail?

## PHYSICAL AND MENTAL HEALTH

Describe your physical/mental problems, if any:

Have you been hospitalized in the last 12 months?  Yes  No

If yes, explain:

Have you ever been treated for mental/emotional issues?  Yes  No

If yes, explain:

Are you currently *prescribed* any medications?  Yes  No

If yes, explain:

Are you currently *taking* any medications?  Yes (as prescribed)  Yes (but not as prescribed)  No Explain:

## ASSETS

How much do you receive from: \$\_\_\_\_\_ Food Stamps; \$\_\_\_\_\_ Social Security; \$\_\_\_\_\_ L&I  
\$\_\_\_\_\_ VA; \$\_\_\_\_\_ Retirement; \$\_\_\_\_\_ Unemployment; \$\_\_\_\_\_ Other \_\_\_\_\_

## EMPLOYMENT

What was your last job, how long did it last?

What type of work have you done in the past?

**LEGAL HISTORY** *(We will obtain a background check as a part of the application process)*

Are you currently involved in any of the following legal matters?

- Divorcing       Child Custody       Drug Court       Outstanding Warrants  
 Deferred Prosecution       Suing/Being Sued       Criminal Charges

When, where, and for what is your next court appearance?

How much time have you spent in: Prison \_\_\_\_\_, Jail \_\_\_\_\_

List your convictions *(use additional sheet if needed)*:

<u>Convicted for</u>	<u>Year</u>	<u>Sentence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently on community supervision, probation, or parole?  Yes  No

If yes, provide the following:

Which DOC office? \_\_\_\_\_ Phone number: \_\_\_\_\_

When will you complete your reporting requirement?

Are you a sex offender?  Yes  No If so, what level?

What offense?

**SPIRITUAL BACKGROUND**

Did you attend church growing up?  Yes  No How often?

If you claim a denomination, what is it (e.g. Baptist, Methodist)?

Do you currently attend church?  Yes  No Are you a member?  Yes  No

If so, where:

Describe who Jesus Christ is:

If you were to die today do you know for sure that you would go to heaven?

Yes  No  I don't know

Explain:

What is your spiritual condition right now?

Are you willing to attend a local evangelical Christian church?  Yes  No

If no, please explain:

## GOALS

Starting with the most serious, list the top three areas of your life that are currently the most messed up or causing you the most problems:

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What changes would you like to see in your life?

When told you will **not** do something, how do you react?

When told you need to **change**, what do you do?

	Yes	No
Are you willing to admit that your life, as you have lived it, is out of control?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to submit to a thorough examination of your life, even those parts that are painful?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to seriously confront the lies you have told yourself and others and agree to replace those lies with the truth – even if you have to discard everything you have believed to be true?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to submit to the authority and wisdom of the counselors and staff at the mission?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to strictly follow a biblical pattern for relationships with women and put all of your romantic relationships on hold while you are in the program or shelter?	<input type="checkbox"/>	<input type="checkbox"/>



**Criminal History Disclosure  
Statement  
Authorization and Release  
(RCW 43.43.832 & 43.43.834)**

As a part of the Life Transformation Program application process, the Olympia Union Gospel Mission (OUGM) would like to obtain a criminal background check. For the OUGM to do so, you must complete this disclosure statement pursuant to RCW 43.43.834. A criminal history does not automatically disqualify you from ministry, but will be considered in the context of the transformational work of God in your life.

***Please answer the following questions***

What is your full name? \_\_\_\_\_

What is your date of birth? \_\_\_\_\_

What other names have you used? \_\_\_\_\_

Have you been convicted of a crime? No  Yes

Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? No  Yes

***Affirmations***

I understand that the Olympia Union Gospel Mission (OUGM) will notify me of the state patrol's response within ten days after receipt of the results of the criminal history inquiry. Please contact me by calling \_\_\_\_\_ (phone number) between the hours of \_\_\_\_\_ and \_\_\_\_\_, or by (explain):

I understand I am entitled to a copy of the results of my criminal background check. I understand I must call the Director of Life Transformation (360-709-9725, ext 103) to arrange to pick-up a copy of the report.

I understand that the OUGM will use this record only in making the initial program acceptance decision and that further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155.

I consent to and understand that OUGM will make an inquiry with the Washington State Patrol to conduct a child/adult abuse record search through the Washington Access to Criminal History (WATCH) program.

Signature

Date