

Date Entered \_\_\_\_\_

Date Left \_\_\_\_\_

# Calvary "City of Refuge" Application for Admission

1. Name \_\_\_\_\_ Circle one: JR/SR  
   Last    First    Middle
2. Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ U.S. Citizen Yes/No (Circle One)
4. Place of Birth \_\_\_\_\_
5. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Eyes \_\_\_\_\_
6. Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
                                 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. Married \_\_\_\_\_ Number of Children \_\_\_\_\_ Have you been divorced? \_\_\_\_\_
8. Wife's name, if married \_\_\_\_\_
9. Wife's Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_
10. Next of Kin: Name \_\_\_\_\_ How Related? \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
                                 City    State    Zip Code
11. Church Affiliation: \_\_\_\_\_  
     Pastor \_\_\_\_\_  
         Are you a Christian? \_\_\_\_\_ When were you saved? \_\_\_\_\_
12. Do you have Health Insurance? \_\_\_\_\_ If yes, please list information on the back of this form.
13. When was your last physical? \_\_\_\_\_ Last Tetanus shot? \_\_\_\_\_
14. When was your last visitation to a Doctor? \_\_\_\_\_  
     Reason for the visit? \_\_\_\_\_
15. Do you use drugs? \_\_\_\_\_ Have you used drugs in the past? \_\_\_\_\_
16. Do you use tobacco products of any kind? \_\_\_\_ Will you be willing to quit if you are accepted? \_\_\_\_\_
17. Have you ever been in jail? \_\_\_\_\_ Why? \_\_\_\_\_
18. Have you spent time in prison? \_\_\_\_\_ Where? \_\_\_\_\_
19. Have you ever been in juvenile detention, a boys' home, or foster care? \_\_\_\_\_  
     Explain \_\_\_\_\_
20. Have you served in the military? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_  
     What kind of discharge? \_\_\_\_\_
21. Will you be willing to cooperate with the staff during your stay at Calvary? \_\_\_\_\_
22. Will you be willing to stay for at least \_\_\_\_\_ months? \_\_\_\_\_
23. Why are you coming to the "City of Refuge" program, and what do you want to see happen in your life?  
 \_\_\_\_\_  
 \_\_\_\_\_
24. What can you do financially to help with room & board \_\_\_\_\_ Monthly \_\_\_\_\_
25. Do you give permission for a criminal background check to be completed on you? Yes/No (Circle One)

Applicant's Signature \_\_\_\_\_

**NOTE: We are a faith-based ministry and are unable to refund for any reason.**