



THE BARRACKS

www.boldsalionministries.com/barracks.html

MEN'S DISCIPLESHIP & RECOVERY HOUSE



Admittance Application

Personal Information:

Last Name:		First Name:		Middle Name:		Date:	
Street Address:				City:		State:	Zip:
Whose Address is this?:		Main Contact Phone #:		Alternate Phone #:			
Date of Birth:	Age:	Race:	Weight:	Height:	Eye Color:	Hair Color:	
Drivers License #:		State Issued:		Is it Valid?:	Social Security #:		
Other Names Used:							
Identifying Marks: (scars/tattoos)							

Family Information:

Marital Status:		Married:	Separated:	Divorced:	Single:	Common Law:	Other:
Spouse's Name: (if applies)				Spouse's Contact Phone #:			
Do you have Children?:		Yes	No	4			
Children's Name: (If applies)		Where are they living?:				Age:	
Children's Name: (If applies)		Where are they living?:				Age:	
Children's Name: (If applies)		Where are they living?:				Age:	
Do you receive child support?		Yes	No	Do you Owe child support?		Yes	No
Father's Name:				Mother's Name			

Sibling's Name: (If applies)	How is your relationship?:	Age:
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Sibling's Name: (If applies)	How is your relationship?:	Age:

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Occupational Information:	
List any Job Skills or Trade(s) you may have:	

Employment History:		
Last Employer:		Job Description:
/ /	/ /	
Date Started:	Date Left:	Reason:
2nd Last Employer:		Job Description:
/ /	/ /	
Date Started:	Date Left:	Reason:

Health:	
Explain Past and/or Present Drug Issues:	
Do you Have Any Medical Issues Due or Related to Substance Abuse?:	
Is There Any More Information That You Wish to Share?:	

Medical:

Please Check "Yes" or "No" next to any of the Following that you may have Had an Issue With:

	Yes:	No:		Yes:	No:		Yes:	No:
Asthma:	<input type="checkbox"/>	<input type="checkbox"/>	Back:	<input type="checkbox"/>	<input type="checkbox"/>	Dental:	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy:	<input type="checkbox"/>	<input type="checkbox"/>	Eyes:	<input type="checkbox"/>	<input type="checkbox"/>	Heart:	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia:	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis:	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>
TB:	<input type="checkbox"/>	<input type="checkbox"/>	VD:	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease:	<input type="checkbox"/>	<input type="checkbox"/>
HIV:	<input type="checkbox"/>	<input type="checkbox"/>	Mental Conditions:			Schizophrenia, Bipolar, Depression	<input type="checkbox"/>	<input type="checkbox"/>
Other:								

Please Explain if you Answered "Yes" to any of the above:

Allergic Reactions (medicine allergies or other?)

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Are you on any medications now? Yes No If "Yes", explain:

Church Affiliation:

Yes:	No:		
Do you have a home Church?:	Church Name:	Pastor's Name:	Phone Number:
Explain your involvement in the church:			

Academic:

Last Grade Completed: <input type="text"/>	Did you obtain a degree? : Yes <input type="checkbox"/> No <input type="checkbox"/>	Year: <input type="text"/>		
List any college, trade schools, or higher education classes you have attended or completed, including year(s):				
How would you rate your reading skills?:	Great <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
How would you rate your writing skills?:	Great <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
How would you rate your communication skills?:	Great <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>

Military:			
Have you served in the Military:	Yes	No	If "Yes", what branch :
			Year:
		/	/
Type of Discharge:		Discharge Date:	

Legal:			
Do you have any outstanding warrants?:	Yes	No	If "Yes", Explain :
Are you on parole?:	Yes	No	Are you on probation?:
		a	Yes
			No
If "Yes" to either, please explain:			

Parole or Probation Officer Information:			
Name of Location:		Officers Name:	Phone Number:
Street:	City:	State:	Zip Code:
Reporting Method:	Phone:	Mail:	In Person:
			Other:
If "Other", explain:			

Changes Needed In Your Life:			
Please "Check" the items listed below that must change in your life during your stay at The Barracks, if you are going to have a successful future:			
	Relationship with God		Dress and Appearance
	Relationship with Family		Use of Free Time
	Attitude		Work Habits
	Values		Sleep Habits
	Self-Discipline		How I view Myself
	Financial Management		How I View Others
	Thought Life		How I Respond to Others
	Sexual Life		How I Respond to Authority

What do you view as your biggest hindrance to your completion of your 12 month residential program at The Barracks? (Example: Husband, Boyfriend, Discipline, Dress Code, Schedule, Family, Obeying Authority, Past Lifestyle, Christian Emphasis, Personality Conflict, Others)	
Explain:	

