



Personal Information (Please print legibly)

Date mailed to applicant _____

1. Name (Last/First/Middle Initial) _____
2. Birth date _____ Present Age _____ Prison I.D. Number _____
3. Present Address/Institution Address _____
City _____ State _____ Zip Code _____ Social Security # _____ - _____ - _____
4. Last Home Address _____ City _____ State _____ Zip Code _____
5. Counselor's name _____ Phone () _____

Family Information

1. Marital Status Single Divorced Separated Married
2. Spouse's name (If applicable) _____ Number of Children _____
3. Parents Name/s _____ Phone Number () _____
Street Address _____ City _____ State _____ Zip _____
4. Name and relation of person to contact in case of emergency _____ Phone () _____
Street Address _____ City _____ State _____ Zip Code _____

Medical Information

1. List any medical problems you have had in the past _____
2. List any present medical problems _____
3. List **all medications** you are presently taking _____
4. List drugs you have used, including alcohol _____
5. List counseling programs you have attended _____

6. What help or treatment do you need now? _____
7. List any mental health issues; past or present _____

Religious Affiliation and Involvement

1. What is your present religious faith? _____ How Long? _____
2. What, if any, is your religious background? _____
3. Comment briefly on who Jesus Christ is to you _____

4. Have you attended a Liberty Ministries Bible study? Yes No If yes, how often? _____
5. If yes, where, and who was your leader? _____
6. Chaplain's name _____

(Over)

Continue offense history, charges and/or arrests and convictions.

Parole or Probation Conditions

1. Counseling / treatment for Drugs Alcohol Other, please specify _____
2. Date you will be off Parole or Probation _____, _____

Prior involvement with Liberty Ministries

1. Have you previously applied to Liberty House? No Yes, on (date) _____, _____
2. If so, were you accepted? No, reason given _____ Yes

6 Point Rule

Liberty Ministries makes a nine-month commitment to all applicants who are accepted into the program. Each resident is governed by a six point system. This system addresses offenses to the rules and requirements of Liberty House. A resident who commits a six-point violation or who accumulates six points or more is subject to immediate expulsion from the program. In some cases, at the discretion of the Executive Director, the resident may be given the opportunity to remain in the program or restart the program.

Please Initial: Agree _____ Disagree _____

Signature: _____ Date: _____

Affirmation

I hereby make application to Liberty House and release this information for use in making a decision about my acceptance. I certify that the information contained in this application is true and complete. I further understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient ground for rejection of this application or expulsion from Liberty Ministries Discipleship Program. I have read the House regulations and agree to willingly abide by them. I further understand that this is a Christ-centered ministry with Christian values and expectations for my behavior.

Signature _____ Date _____, 20_____



Release and Consent

Re: Release of Classification Summary & Other Confidential Information

To Whom It May Concern:

I _____, hereby waive my rights under any state or federal law or regulation, whether statutory or by common law which protects my privacy and serves to prevent the disclosure of confidential information about me.

I authorize the verbal and written disclosure to Liberty Ministries, or its agents, of any and all information pertaining to me contained in the files or systems of records maintained anywhere, including but not limited to legal/criminal, psychological, and medical information.

I hereby waive my rights I may have under any and all state or federal laws or regulations to prior notice of such disclosure or of any rights that I may have to an accounting of such disclosure to Liberty Ministries. I understand that this Release and Consent will be used by Liberty Ministries to request disclosure of information pertaining to me from any agency, whether governmental or private, to which this is presented.

I acknowledge that this information is to be obtained for the purpose of conducting an investigation to determine my suitability for Liberty Ministries' aftercare program. I hereby release you and Liberty Ministries from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request for information.

Authorizing Signature
(Full Name)

Full Name
(Printed or Typed)

Date

Sign this document and return it to us with your application. We will not process your application to the Liberty House without it. There are no exceptions to this procedure.