



611 3rd & North Street
Seaford, Delaware 19973
Office: (302) 629-2559
Fax: (302) 629-8824

STUDENT APPLICATION FORM

Disqualifying Factors for Admission:

- 1) Persons who have records of sex offenses which presents a risk to the community.
- 2) Individuals with legal restraints which would preclude them from participating in the program and which cannot be sorted out by our Admissions office with the legal authority.
- 3) Individuals with medical problem which requires excessive time away from our residential program.
- 4) Individuals taking mind altering or mood changing prescriptions.

PERSONAL INFORMATION

Date: _____

Name: _____
(last) (first) (middle initial)

Address: _____
(number) (street) (apt. number)

(city) (state) (zip code)

Phone: Home _____ Work _____

Birth Date: _____ Age: _____ Sex: M/F Weight: _____ Height: _____

Social Security #: _____ Driver's License #: _____

MARITAL STATUS

Single Married Separated Divorced Widowed

Name of spouse (if applicable): _____

Name of girl/boy friend (if applicable): _____

Address: _____
(number) (street) (apt. number)

(city) (state) (zip code)

Phone: Home _____ Work _____

CHILDREN

Do you have any children? Yes No

If yes, please list below:

Name of Child	Age	With Whom Residing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY HISTORY

Are your parents still living? Father: Yes No Mother: Yes No

Father's Name: _____

Mother's Name: _____

Parent's marital status while you were living with them:

Married Divorced Separated Living Together

Are you adopted? Yes No

Were you raised by someone other than your parents? Yes No

If yes, please explain: _____

PHYSICAL HEALTH INFORMATION

Rate your health in the last year to present: Excellent Good Fair Poor

List all important present or past illness, injuries, or handicaps with the approximate year of occurrence:

Are you diabetic? Yes No

Do you have any special dietary requirements? Yes No If yes, please explain: _____

PHYSICAL HEALTH INFORMATION (Cont'd)

Have you had recurring convulsions, epilepsy, or fainting spells at any time in the last 5 years? Yes No

Are you presently on medication (including over-the-counter)? Yes No If yes, please list: _____

Are any of these medications used to treat depression, anxiety, pain, or sleep disorders? Yes No

Are you currently in treatment for mental health reasons? Yes No

If yes, please list the name and phone number of the doctor whose care you are currently under:

Name: _____ Phone Number: _____

Do you have any health problems that would limit you from complying with the rules and/or standards of this program? (examples would be standing, sitting, or light work detail) Yes No If yes, please explain:

Do you currently have to see a doctor on a regular basis? Yes No

If yes, please list the name and phone number of the doctor whose care you are currently under:

Name: _____ Phone Number: _____

Are you currently experiencing any dental problems? Yes No

Do you have medical insurance? Yes No

If yes, please give the name of your insurance provider: _____

If no, who will be paying your medical bills should an emergency arise?: _____

Disclaimer: Delmarva Teen Challenge reserves the right to prohibit entrance to individuals taking mind and/or mood-altering medications (e.g., Lithium, Prozac, Haldol, Ritalin, Valium, etc.)

Please note: All medications used to treat depression, anxiety, pain and sleep disorders or other psychological problems are carefully screened at Delmarva Teen Challenge. Please consult your doctor before considering entry.

Also Note: All students accepted into Delmarva Teen Challenge must have a tuberculosis test administered. RESULTS of that test must be submitted on the day of entry.

LEGAL STATUS

List all arrests and convictions:

Date	Charges	Convicted? Y/N	Sentence	Time Incarcerated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any cases/warrants/tickets pending? Yes No If yes, please explain: _____

Are you presently on probation or parole? Yes No

If yes, give name, address and phone number of agent: _____

Please also give the name, address and phone number of your attorney: _____

ACADEMIC BACKGROUND

List the highest grade that you have completed:

Grade School _____ Jr. High School _____ High School _____ College _____

Rate your reading and writing ability: Excellent Good Fair Poor

EMPLOYMENT BACKGROUND

What is your vocational trade or profession, if any? _____

Who was your last employer (company name & supervisor's name): _____

Employer's address and phone number: _____

EMPLOYMENT BACKGROUND (Cont'd)

May we contact your employer if necessary? Yes No

Do you belong to a union? Yes No

If yes, please give your local number as well as your union rep's name and phone no.: _____

Did your employer refer you to Delmarva Teen Challenge? Yes No

How long did you hold your last job? _____

Have you ever served in the U.S. Armed Forces? Yes No If yes, please explain:

Discharge received: Honorable Less than honorable Dishonorable

SPIRITUAL BACKGROUND

Are you currently affiliated with any church? Yes No If yes, please give the following information:

Name of church: _____

Pastor's name: _____ Phone no.: _____

Have you ever been involved in the occult? Yes No If yes, please explain:

Have you ever been involved in cults such as Christian Science, Jehovah's Witness, Mormonism, Islam or others?

Yes No If yes, please explain: _____

Have you ever been involved in a homosexual/lesbian lifestyle? Yes No If yes, please explain:

How would you describe your present spiritual condition? _____

OTHER INFORMATION

Have you ever been in a Teen Challenge program before? Yes No If yes, please explain:

When: _____ Where: _____

Reason for leaving: Dismissed Left on own Graduated

List how often you have used the following drugs: (never, once, several times, or regularly)

Alcohol	_____	Heroin	_____
Barbiturates (downers)	_____	Methadone	_____
Amphetamines (uppers)	_____	Marijuana	_____
Hallucinogens	_____	Cocaine	_____
Glue	_____	Crack	_____
Others: (please specify)	_____		_____

Do you smoke cigarettes? Yes No

Have you ever attempted suicide? Yes No If yes, please explain: _____

REASON FOR ENTRY INTO DELMARVA TEEN CHALLENGE

Why do you want to enter Delmarva Teen Challenge? _____

As you see it, what is your problem? _____

What have you done about your problem before now? _____

How do you think Delmarva Teen Challenge will help you? _____

REASON FOR ENTRY INTO DELMARVA TEEN CHALLENGE (Cont'd)

Other comments you would like to share: _____

If accepted into Delmarva Teen Challenge are you willing to commit to at least 1 year? Yes No Not sure

Do you have any financial obligations that would prevent you from fulfilling this commitment? Yes No

If yes, please explain: _____

The undersigned student applicant fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge, and the application form has been completed and filled out by the student applicant in his or her own handwriting. The student applicant further understands that any false or incomplete information may cause and result in disqualification from admittance or continuation in the program. The undersigned student gives permission for Delmarva Teen Challenge to contact any of the heretofore mentioned people and/or institutions. The undersigned student also understands that his residency at Delmarva Teen Challenge is at the will of Delmarva Teen Challenge and may be terminated at any time and for any reason.

(Student Applicant Signature)

(Date)

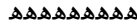
Delmarva Teen Challenge
611 3rd & North Street
Seaford, Delaware
(302) 629-2559

STUDENT AGREEMENT FORM

Upon your reading and understanding of each of the items listed below, put your first and last initials on each of the lines to indicate your agreement to each of the statements.

- _____ 1. I agree to paying the full \$250.00 tuition fee. I understand that I will be expected to pay an additional \$250.00 re-entrance fee should I be dismissed or leave the program. I am aware that all fees are NON-REFUNDABLE.
- _____ 2. I understand that I will be expected to have all my fees paid upon my personal pass times. Should these fees be unpaid, I agree to forfeit this time until such fees are paid.
- _____ 3. Should I be coming from a city or town outside the Seaford area, I agree to having a round trip ticket (bus/train/plane) prior to entrance into Delmarva Teen Challenge (or the appropriate funds to purchase the said ticket). I will also have transportation fees available which will be placed on hold (\$10.00 bus/train station; \$20.00 airport).
- _____ 4. Should I leave before graduating, I understand that monies in my personal student account above \$5.00 will be returned in the following manner:
- a. by check
 - b. within five (5) working days; and
 - c. mailed to the address I indicate
- Monies will be withheld should I have any outstanding financial obligations to Delmarva Teen Challenge (e.g., induction fee, personal account debits). Furthermore, monies will become the property of Delmarva Teen Challenge in the event that I do not give an address to forward remaining account monies within thirty (30) days of my departure.
- _____ 5. I agree to donating to Delmarva Teen Challenge 50% of all SS/SSI income I am presently receiving.
- _____ 6. I am aware that I am not permitted to apply for SS/SSI income while a student at Delmarva Teen Challenge. I understand that I will have to discontinue pursuing these funds upon entrance into Delmarva Teen Challenge should I have already applied.
- _____ 7. I understand that I forfeit my right to receive Unemployment Compensation while a student at Delmarva Teen Challenge.
- _____ 8. Upon entering the program, I give Delmarva Teen Challenge permission to inspect all of my personal belongings.
- _____ 9. I give permission for authorized personnel to read all my incoming and outgoing mail.

- _____ 10. I understand that it is my responsibility to take all of my belongings with me at the time of departure or to make special arrangements to pick them up. I understand that I am NOT permitted to take any “blessings” with me should I leave before my graduation date.
- _____ 11. I am aware that should I be dismissed or decide to leave of my own volition, I will be expected to exit Delmarva Teen Challenge properties within a 2-hour period.
- _____ 12. I give permission for authorized personnel to contact the person(s) indicated on my “EMERGENCY CONTACT INFORMATION” form in the event that I am dismissed from the program or leave of my own volition.
- _____ 13. I understand that Delmarva Teen Challenge is NOT responsible for any personal property left, lost, or stolen from the premises.
- _____ 14. I understand that Delmarva Teen Challenge cannot and will NOT be held responsible for any personal injury occurring while in program.
- _____ 15. I will notify staff of any job detail that I feel would be a risk to my personal safety. I will exercise reasonable care in regards to any work detail.
- _____ 16. I am ___ I am NOT ___ on prescribed medication* (check one). List medications if applicable. _____
***Note: If you are currently on prescribed medication, you must complete and sign A Student Medication Agreement Policy Form**
- _____ 17. I understand that I will not be permitted to receive outside counseling as a student of Delmarva Teen Challenge.
- _____ 18. I have read and agree to abide by the written Rules and Regulations for as long as I am a student in the Delmarva Teen Challenge program. If I have any questions regarding these rules, I agree to ask a staff member for clarification.
- _____ 19. I agree that I am signing this form under no compulsion by a Delmarva Teen Challenge staff member, intern, nor anyone else affiliated with Delmarva Teen Challenge. I am voluntarily and willingly entering into this agreement of my own volition.
- _____ 20. I understand that my residency at Delmarva Teen Challenge is at the will of Delmarva Teen Challenge and may be terminated at any time and for any reason.



I have read each of the 20 items on this form or have had them read to me in their entirety. I understand the contents of this form and I consent to each of the conditions listed above.

Signed: _____ Dated: _____

Witness: _____ Dated: _____

Witness: _____ Dated: _____

Men's Center Checklist

_____ \$250.00 cash or money order (Non – refundable) – No personal Checks

_____ Money for return bus fare (if out of State)

_____ Negative TB test (must have written results)

_____ Other medical: _____

CLOTHING MUST BE CONSERVATIVE

- Collared shirts (for chapel & classes)
- Work pants (Jeans)
- Dress pants (for chapel & classes)
- T-shirts and sweatshirts
- Pajamas/robe/slippers
- Work shoes/ tennis shoes/dress shoes
- Under garments

PERSONAL ITEMS

Toiletries (shampoo, soap, toothpaste etc.) * all products should be alcohol free
 Stamps/ envelopes/stationary Hard candy (individually wrapped, such as Jolly Ranchers)

SCHOOL SUPPLIES

Pens, paper, notebooks, highlighters etc.

Bible (Old and New Testaments)

NO books, magazines, cd's mp3's etc., nicotine patches or gum

Other: _____

PHONE NUMBERS: (302) 629-2559 Main Center