

Central Kansas Dream Center

APPLICATION FOR ADMISSION TO THE 9 MONTH DISCIPLESHIP PROGRAM

Date: _____

Name _____
(Last) (First) (Middle)

Address: _____ (____)
Street # or Apartment # City State Zip Code Phone #

Date of Birth: ___/___/___ Birth Place: _____ SS# ___/___/___

Single: ___ Married: ___ Divorced: ___ Widowed: ___ Separated: ___ Widowed: ___

Check the highest grade completed: 8th ___ 9th ___ 10th ___ 11th ___ H.S. Diploma: ___ GED: ___
College: ___

Did you graduate from a Technical, Trade School or Journeyman Program? ___ if so, please list below:

Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic violation? ___
If yes, please describe, including the disposition of your case: _____

Have you ever been accused of, investigated or charged with any type of abuse or violence? ___ If yes, please explain: _____

Have you ever been convicted of a sex offense? ___ If yes, please explain: _____

Have you ever been accused of a crime involving a minor? ___ If yes, please explain: _____

Are you now or have you ever been incarcerated? _____ If yes, please list DOC or current Booking Number: _____

Are you currently on Corrections? _____ If so provide the following:

Name: _____ (_____) _____
(Last) (First) (Name of Agency) Phone#

Are you currently on Parole? _____ If so provide the following:

Name: _____ (_____) _____
(Last) (First) (Name of Agency) Phone#

Next of kin: _____ Relationship to you: _____ Phone#() _____

List any kind of income source: _____ Amount: _____

Do you have a valid Driver's License: # _____ State: _____ Expires: ____/____/____

Type of Driver's License: _____ (If CDL, List all endorsements) _____

What do you feel is your most serious problem? _____

Do you have an addiction problem? _____ Alcohol? _____ Drugs? _____ If yes please explain: _____

Have you ever been diagnosed with any mental health issues or been in a mental hospital? _____ If so please explain _____

Do you have any medical condition that would prevent your participation in strenuous physical activity or walking up three flights of stairs? _____ If yes, please explain: _____

Are you taking any type of medication? _____ If yes, please explain: _____

What are your religious beliefs? _____

Have you committed your life to Jesus Christ? _____ If yes, when? _____ Briefly explain what it means to you? _____

What are your hobbies, talents, special interests or abilities you would like to share? _____

Have you read the rules? _____

Note: Applicant MUST stop all use of tobacco products prior to entering the Central Kansas Dream Center. <ul style="list-style-type: none">I understand and agree that I am under the total direction of the Central Kansas Dream Center.
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Signature: _____ Date: _____ / _____ / _____

Pastor/Prison Chaplin's Name: _____ Phone# (_____) _____ Ext: _____

Parole Officer's Name (If applicable) _____ Phone# (_____) _____ Ext: _____

Intake Leader's Signature: _____ Date: _____ / _____ / _____

Intake counselor's comments and special instructions: _____

