



For Office Use Only

**LOG #:**  
**Transfer: GRN**

**JBO**

**TRMT**

**GRAD**

**Entry Date:**  
**Transfer Date:**

DISCIPLESHIP APPLICATION			
APPLICANT INFORMATION			
Personal Information			
Last Name:		First Name:	
Date of Birth:		Spouse Name:	
ID Number:		Social Security #:	
Address:		Homeless:	
City:		State:	ZIP:
Home Phone:		Work Phone:	
Cell Phone:		Fax:	
Age:	Sex:	Height:	Weight:
Religion:		Race/Ethnicity:	
Marital Status:			
Family Status:			
Email Address:			
Have you been in      before?			
Emergency Contact Person:		Relationship:	
Emergency Ph #:		Secondary:	
Emergency Address:			

Do you have a car? Yes No      If yes, who will take care of it while you are in the program?

Are you currently receiving any type of income? Yes No      If yes, please explain:

Have you ever been in the military? Yes No      Discharge? Yes No  
If dishonorable discharge please explain:



## Education

Circle last year completed:

Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +

Can you read and Yes No Can you speak English? Yes No

Have you ever been in special education classes? Yes No

## Religious Background

Do you believe in God? Yes No Uncertain

Have you ever accepted Jesus Christ as your Savior? Yes No Uncertain

## Legal History

Have you ever been arrested? Yes No How many times? \_\_\_\_\_

If yes, give details:

Have you ever done jail time? Yes No If yes, what for and how long?

Are you on probation or parole? Yes No If yes, give probation or parole officer's contact information below:

Are you court-ordered here? Yes No If yes, give contact information regarding your court case:

Do you have any legal charges pending? Yes No Where?



What are the charges?

Do you think you may have any outstanding warrants?  
please explain:

Yes

No

If yes,

Do you think you may have any outstanding warrants?  
please explain?

Yes

No

If yes,

Do you have any other pending legal matters that would require you to attend to in the next 90 days?    Yes    No    If yes, give details below:



## Drug History

Have you ever used drugs?      Yes      No      If yes, how old were you?

Have you ever sold drugs?      Yes      No

Since you've been using, what's the longest period of time that you've been sober?

## References

Please list at least two landlord references (and two work references, if applicable)

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand that submitting false information may result in the denial of my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Student Entry Agreement

1. I agree to conduct myself at all times according to the rules and guidelines at The Nehemiah Project Outreach Ministries (TNPOM).
2. I understand that TNPOM is a minimum of 12 months, if I am unable to commit to this length of time I understand I should not apply. We are looking for committed responsible men who are dedicated to living a life of surrender and service to the Lord Jesus Christ.
3. I understand that contact with people outside TNPOM will be limited to my immediate family father, mother, brother sister, wife, and children only and my pastor or his/her spouse during the first 4-6 months
4. I agree that I will not be allowed to have any visitors of the opposite sex (except my immediate family during the duration of my stay at TNPOM).
5. I agree to participate in all ministry activities, including but not limited to work, chores, church services, bible studies, classes, devotions, group functions, and outside activities
6. I agree to refrain from discussing past experiences with other students, to focus on, live in and keep my conversations in the NOW.
7. I agree that if I so decide to withdraw from the ministry (walk off), or if I am terminated from the ministry, TNPOM will not be responsible to hold on to or store any belongings that are left behind. Furthermore I will have 24 hours to remove my belongings from the property otherwise they will be considered a donation to the ministry.
8. I understand that the telephone, television, internet, furloughs, and visits are privileges which may vary with my length of time in the ministry. I understand that these are privileges, not rights.
9. I understand that all incoming mail/packages will be screened by staff for drugs, pornography, or deception. Any illegal items found will be confiscated and turned over to the proper authorities.
10. I understand that ALL outside business such as bills and income taxes must be taken care of BEFORE entering the ministry. There will be a period of time where I will not be receiving an income and TNPOM will not be responsible for meeting these criteria. We suggest that if you have ANY OUTSTANDING DEBT, that you notify your creditors that you are being admitted into a long-term discipleship ministry, and you will make restitution upon completion. In our past experience with creditors they will be happy to wait. They are welcome to contact our office if they need verification with your permission.
11. I understand that if I have a medical condition that requires treatment from a doctor, I must have these things taken care of BEFORE entering TNPOM. This includes medical appointments, dental appointments, etc. If I have a condition that requires ongoing medical care I will be responsible for my own transportation and required to



provide signed doctor verification in my absence. TNPOM is not a treatment facility and is not equipped to handle medical situations, nor transportations for personal needs.

12. I understand that upon entering TNPOM, any drugs/medications that I may be taking may not be allowed. Any mood altering, psychotropic, antidepressants, withdraw aids, narcotics, etc. will not be allowed. All withdrawals will be done "COLD TURKEY". If you foresee a problem, we suggest that you withdraw before entering TNPOM.

13. I understand that TNPOM staff members will thoroughly check all my personal belongings that I bring with me. I also understand that I will be required to show them upon entry.

14. I agree that for as long as I am a resident at TNPOM my room and/or personal belongings are subject to being searched. Non-compliance will result in termination. 15. I understand that I will need friends or family members to commit to sending a monthly donation of \$100.00 a month upon my entrance at TNPOM.

16. I understand that if I receive state food benefits (FOOD STAMPS, EBT, ETC.) I will be asked to donate \$100.00 a month to the ministry to help with accruing food costs. 17. I understand that if dismissed from the ministry I will be given a ride to the nearest bus stop or shelter.

**BY SIGNING THIS FORM I AM SAYING THAT I HAVE  
CAREFULLY READ AND FULLY UNDERSTAND ITS  
CONTENTS AND I DO AGREE TO ABIDE BY ALL OF THE  
ABOVE. IF FOR ANY REASON, YOU ARE UNABLE TO  
COMPLY WITH ANY OF THE ABOVE CONDITIONS, PLEASE  
DO NOT APPLY FOR RESIDENCY HERE AS A STUDENT!!!**

Student Signature\_\_\_\_\_

Date:\_\_\_\_\_

Staff Signature\_\_\_\_\_

Date:\_\_\_\_\_

Witness Signature\_\_\_\_\_

Date:\_\_\_\_\_



## **The Nehemiah Project Outreach Ministries**

### **House Rules and Regulations**

**GOAL:** To be responsible adults, live in a drug/alcohol free environment and conduct yourselves as Christian men in the community. While making wise decisions and relying on the Lord Jesus Christ to guide you through your life and supply all of your needs.

**Note:** All House concerns are being directed to the attention of the House Manager or the Senior Man in the House.

1. Encounter a deep personal relationship with the Lord Jesus Christ.
2. Developing a person's devotion and spiritual growth.
3. Attending required Church Functions and AA/NA Functions.(To be Determined)
4. Attend Breakfast, Lunch and Dinner. (If Available at house)
5. Chores are to be completed daily. (If you mess it up clean it up)
6. Submit to random drug and alcohol testing.
8. All meals will be served at designated times, no one will be allowed to prepare any meals between designated hours unless authorized by the House Manager or the Senior man.
- (No perishable item or can goods in rooms) (Exception: 1. Water 2. Chip (if not open) once you open Chips you must eat the whole bag or wrap and leave in kitchen)
9. No watching movies above PG13.
10. Christian music only.
11. The property will be cleaned once weekly by all residents of the Ministry.
12. The Yard Sales are held on Thursday, Friday and Saturday ALL residents will help set up and break down. (Mandatory)
13. Keep your living area neat and clear of all debris. ( Clean Room Daily)
14. Agree to conflict resolution policy. (Resolve confrontation immediately.
15. 30-60-90 Probationary
16. Weekend passes are only to be granted after the normal probationary period. (30-60-90 days) and will be determined by the Director.
17. No lying or cursing will be tolerated. 18. Three written warnings will warrant dismissal from the program.
19. Clients may be eligible for a weekly allowance and or stipend after anywhere between 30-60-90 to 120 days in the program and this will be determined by the Director of the program.
20. Rewards are in place for SUPERIOR PERFORMANCE MONTHLY.



A Non Profit Organization

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to abide by all the ministry guidelines and/or regulations. I understand that any violation of the guidelines and/or regulations may result in disciplinary action or termination from the ministry.

I understand that I am not an employee of The Nehemiah Project Outreach Ministries Inc., and that the services required of me while here are on a volunteer basis.

Any bills accumulated due to injury while at The Nehemiah Project Outreach Ministries Inc. are my responsibility. The Nehemiah Project Outreach Ministries Inc. will not be held responsible for any injuries.

I agree to participate in all classes, group functions, scheduled events, work assignments, and daily activities as instructed by the appointed leader.

I agree to fulfill my commitment of 12 months to The Nehemiah Project Outreach Ministries Inc.

I agree to pay a ministry fee of \$175.00 per week.

Client Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_





THE NEHEMIAH PROJECT OUTREACH MINISTRIES, INC.  
Deduction Authorization

I understand that this form authorizes the reduction of gross pay by the amount of the deduction indicated. Jibe Staffing is authorized to deduct \$175.00 per week for The Nehemiah Project Outreach Ministries, Inc. Monies should be directly deposited into the below account \$175.00 will be deducted until you leave the program.

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Account #: \_\_\_\_\_

Date: \_\_\_\_\_