



His Oaks Ministry
147 Union Road
Eastford, CT 06242
860-942-2859
Email: info @hisoaks.com

Participant Application

Please write neatly or have someone else write for you.

All questions are expected to be answered honestly and fully. Failure or refusal to do so will disqualify applicants.

Date: _____

I. Personal

Name _____

Current Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Permanent Address _____

City _____ State _____ Zip _____

E-mail address _____

Age _____ Date of Birth _____ Country of citizenship _____

Marital Status: Single Engaged Married Widowed Separated Divorced

Do you have any children? Yes No

(If yes), what are their names and ages? _____

Who to contact in case of emergency?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Who will sponsor you?

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

E-mail address _____

II. Family

Parent(s) or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (_____) _____ Work (_____) _____

Parents' Marital Status: Single Engaged Married Widowed Separated Divorced

First names and ages of your brothers and sisters? _____

Have you lived in a foster home? Yes No

(If yes) (a) When? _____ (b) How long? _____

Were you adopted? Yes No

(If yes), When were you adopted and what were the circumstances?

III. Education

List all High Schools, Colleges, Universities, or Bible Schools you have attended:

| <u>School Name</u> | <u>Location</u> | <u>Dates Attended</u> | <u>Grad. Date</u> |
|--------------------|-----------------|-----------------------|-------------------|
|--------------------|-----------------|-----------------------|-------------------|

Degrees: _____

IV. Occupation

Are you currently employed? Yes No

(If yes), (a) Name of Company _____ (b) Your position _____

(c) How long have you been employed there? _____ Full-time Part-time

Approximately how many other jobs have you had? _____

Have you been in the military? Yes No If yes, for how long? _____

What was your discharge status? _____

V. Personal History: Physical, Emotional, Mental, and Behavioral, & Legal

Height: _____ Weight: _____

Answering "yes" to the following questions will not necessarily disqualify you from entering the program. Please give brief explanations to any item you check "yes."

1. Do you have any professionally diagnosed medical conditions or health issues? (e.g., diabetes, heart problems, etc...)
 Yes No

(If yes), explain: _____

2. Do you now have, or have you ever experienced problems with your back? Yes No

(If yes), explain: _____

3. Do you have health problems that hinder you from doing any physical work, including heavy lifting? Yes No

(If yes), explain: _____

4. Do you have any allergies? (e.g., food, seasonal, animal, etc...) Yes No

(If yes), explain: _____

5. Is your diet restricted? Yes No

(If yes), explain: _____

6. Have you ever been diagnosed as mentally or physically challenged? Yes No

(If yes), explain: _____

7. Have you been given any diagnosis by a mental health professional (whether accepted or not)? Yes No

If yes, what is the diagnosis? _____

8. Have you been prescribed any medication(s) by a licensed health care provider? Yes No

If yes, what is the medication, dosage, and purpose?

| Medication | Dosage | Purpose |
|------------|--------|---------|
| | | |
| | | |
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9. Are you currently taking medication(s) that have been prescribed? Yes No

10. Have you ever had an eating disorder? (Anorexia, bulimia, etc...) Yes No

(If yes), explain: _____

11. Have you ever had a problem with substance abuse? Yes No

(If yes), explain: _____

12. Have you ever been hospitalized for emotional or behavioral problems? Yes No

(If yes), explain: _____

a. When were you hospitalized? _____

b. How many times have you been hospitalized? _____

13. Have you ever tried to commit suicide? Yes No

a. (If yes), when was your most recent attempt? _____

b. How many times have you attempted suicide? _____

14. Were you ever hospitalized for suicidal thoughts? Yes No

(If yes), explain: _____

15. Have you ever been abused physically or sexually? Yes No

(If yes), briefly explain:

16. Do you have a history of violent behavior? Yes No

(If yes), explain: _____

17. Have you had any exposure to pornography? Yes No

(If yes), explain: _____

18. Have you ever had a problem with sexual addiction? Yes No

(If yes), briefly describe:

19. Do you currently have any ongoing, or pending legal issues (i.e., criminal charges, probation requirements, restraining orders, etc....)? Yes No

(If yes), explain: _____

20. Have you ever been convicted of a crime? Yes No

(If yes), explain: _____

VI. Financial

1. Are you paying child support? Yes No

a. If yes, is child support automatically deducted from any wages received? Yes No

(If yes), explain: _____

2. Do you have any outstanding bills or debts? Yes No

(If yes), explain: _____

3. Are you receiving government assistance? Yes No

(If yes), explain: _____

4. If it works out that you can attend His Oaks, how will your financial needs be met?

VII. Church Information

1. Names or types of churches you attended while growing up, if any: _____

2. How old were you when you attended? _____

3. Name and location of the local church you now attend, if any: _____

a. How long have you been attending there? _____

b. How often do attend (if you do)? _____

VIII. Program

1. What do you think of His Oaks "Participant Guidelines?"

I have read, understand, and agree to the information contained in the Resident Guidelines document provided.

Initials: _____ Date: _____

IX. Spiritual

Carefully read the following questions and answer them honestly and thoughtfully. Please use a separate sheet of paper if there is not enough space provided:

1. How would you describe your relationship with God?

2. Have you ever been involved in a cult or in occult activities? Yes No

(If yes), explain: _____

3. Have you been baptized? Yes No

X. Read the following questions and answer them honestly and thoughtfully. Your answers are to be in paragraph form on a separate sheet(s) of paper. (Failure to do this will delay your application until the answers are received.)

- 1. Describe your past and present relationships with your mother and father. (Do this separately for each parent.)
- 2. What is your reason for wanting to come to His Oaks?
- 3. What are the character qualities you want help with changing if you come to His Oaks?
- 4. Describe your salvation experience (if applicable).

Please read and sign the following statement:

I affirm that all of the information on this application is true and correct. I understand that the falsification or withholding of any information on this form is grounds for denial of admittance and/or dismissal from the His Oaks program.

Signature: _____ Date: _____

**Please mail your completed application to: His Oaks Ministry
147 Union Road
Eastford, CT 06242**

(You may also email them to info@hisoaks.com)