Evans Memorial Camp, Inc.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SSN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | |
| Current address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
| Own Rent (Please circle) | | | | | | | | | | | | | | | | | | | | Marital Status: Single Married Divorced Separated Widowed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🡨 Circle One | | | | |
| Previous address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
| Owned Rented (Please circle) | | | | | | | | | | | | | | | | | | | | Married more than once? Yes or No How many times: 🡪 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Employment Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How long? | | | | |
| Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | | | | | | Hourly Salary (Please circle) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Annual income: | | | | | | | | | | | | | | |
| Family Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother: Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father: Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone (M): | | | | | | | | | | | | | | | | | | | | Telephone(F): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Marital Status 🡪 | | | | | | | | | | | | |  | | | | |
| Brothers: Sisters: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouses Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | |
| Current address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
| How long have you been married? -> | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Anniversary: | | | | |
| Names of children: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ages: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you have custody? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Any special needs? | | | | | | | | | |
| If Yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When’s the last time you saw you children? Date 🡪 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Family Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been separated? If yes when: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Why? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How long? | | | | |
| Have you ever been divorced? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If yes when: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Why? | | | | | | | | | |
| If widowed 🡪 🡪 🡪 | | | | | | | | | | | | Cause of death: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | |
| Person Responsible for Children: While you are at EMC, Inc | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | |
| Address: | | | | | | | | | | | | Relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | |
| Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Insurance provider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Policy Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | |
| State of your health: circle one Good Fair Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Circle any that apply: Illness Operation Injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dates: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Reason: | | | | |
| Please circle if you have had or presently have any of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hepatitis C | Pneumonia | | | | | | | VD/STD | | | | | | | | | | | | Convulsions | | | | | | | | | Tuberculosis | | | | | | | | | | | | | Asthma | | | | | | | Headaches | | | | | | | | | Kidney Problems | | | | | | | | | | | | | | | | | Diabetes | | |
| Blood in the urine | | | | Anemia | | | | | | | | | | | | Arthritis | | | | | | | | | | High Blood Pressure | | | | | | | | | | | | | | | | | | Skin Problems | | | | | | | | | | | | HIV/AIDS | | | | | | | | | | | | | Cancer | | | | | Broken Bones | | | |
| Stomach Problems | | | | | | Surgery | | | | | | | | | | | | Emphysema | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If any of these have been checked please explain: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any illnesses that run in your family: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you take any medication right now? | | | | | | | | Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Start date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you taken medication in the past? | | | | | | | | Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Start Date: End Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you handicapped in any way? | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When was the last time you saw a dentist? | | | | | | | | | | | Date of last teeth cleaning: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of last x-ray: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who will be financially responsible for any dental or medical emergencies? | | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Psychological History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever suffered or been diagnosed with any of the following: Circle Yes or No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depression | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Anxiety: | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | |
| Bi-Polar Disorder | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Suicide Attempts: | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Schizophrenia | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Compulsive Disorder | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Personality Disorder | | | | | No if yes explain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Seizure Disorder/Epilepsy | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Learning Disability | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| Mental Impairment/  retardation | | | | | No if yes explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | |
| When was the last time you had thoughts of attempted suicide? | | | | | | | | | | | | | | | | | | | | | | Have you ever had thoughts of injuring someone else?  Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Length: | | | | | | | | | | | | |
| Have you ever had treatment for addiction: Detox Out Patient In Patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been in a program? Yes or No | | | | | | | | | | | | | | | | | | | | | | | | | | | Where: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Prescribed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Start date of use: End date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been admitted to a psychiatric hospital? Yes or No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis: | | | | | | | | | | | | | | | | | | | | | | | | | | Where: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where you committed in or voluntarily? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are coming directly from a detox facility: **Please bring all paperwork!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Circle any of the following that you may be addicted to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nicotine | | | | | | | | | | | | | Medication | | | | | | | | | | | | | | | | | | | | | | | | | | Shopping/Spending | | | | | | | | | | | | | | | | | | | | | | | Relationships | | | | | | | | | | | | | | | |
| Drug/Alcohol | | Gambling | | | | | | | | | | | | | | | | Sex/Pornography | | | | | | | | | | | | | | | | | | Work | | | | | | | | | | | | | | | | | Food/Eating | | | | | | | | | | | | | | | | | | | Stealing | | | | | |
| Family Psychological Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please circle any illness that immediate family members have ever been diagnosed with: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depression | | | Anxiety | | | | Bi-Polar | | | | | | | | | | | | Suicide Attempts | | | | | | | | | | | | | Schizophrenia | | | | | | | | | | | | | | Compulsive Disorder | | | | | | | | | | | | | | | | | | Personality Disorder | | | | | | | | | | | | | |
| Seizure Disorder/Epilepsy | | | | | | | Learning Disability | | | | | | | | | | | | | | | | | | Mental Impairment/Retardation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were they hospitalized YES NO | | | | | | | | | | | | | | | When: | | | | | | | | | | | | | | | | | Where: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship: | | | | | | | | | | | | | | | Medication Prescribed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Have they stopped using medication?  When: | | | | | | | | | | | | | | | | | | | | | | |
| Addiction History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last use: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What did you use and how much? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug of choice: | | | | | | | | | | | | | | | Age of first use: | | | | | | | | | | | | | | | | | | | | Circumstance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Response to using at that time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were there any consequences that day: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your substance abuse pattern changed? (Describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What have been the consequences of your addiction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever tried to quit? (describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever abuse prescription drugs? (circle) YES or NO Have you ever obtained prescription drugs illegally? (circle) YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all the prescription drugs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever taken over-the-counter medication over a long period of time? (circle) YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever abused over the counter medication? YES or NO Have you ever stolen over the counter medication? YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the over the counter medications: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever abused chemicals?  (glue, paint, aerosols, propellants, etc.) YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If Yes: List Chemicals: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list in the following boxes all the drugs you have ever used and the manner in which you used them.  (Example: marijuana-smoked; heroin – injected ,etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Legal History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you object to us notifying the authorities that you are here? (circle) YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of times arrested: | | | | | | | | | | | | | | | | | Longest time incarcerated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of last arrest: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently on parole, probation or on any court supervision? (circle) YES or NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Start date: | | | | | | | | | | | | | | | | | | | | End date: | | | | | | | | |
| (circle) Felony or Misdemeanor | | | | | | | | | | | | | | | **If yes, Please attach all and any court order paperwork.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| What are the terms of your probation/supervision? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P.O.’s name:  S | | | | | | | | | | | | | | | | | | | | | Phone number: | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have your driver’s license? (circle)  YES or NO | | | | | | | | | | | | | | | | | | | | | Are you coming here to meet the terms of your legal situation or to change the way you are living with the help of Jesus Christ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Religious History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a church member? Have you ever been a church member? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What church or denomination? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How long? | | | | | | | | | | | | | | | | | |
| Did you attend a religious school? | | | | | | | | | | | | | | | | | | | | | | | | | | | | If yes when: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Where: | | | | | | | | | | | | | | | | | | | |
| Did you attend church as a child? YES or NO | | | | | | | | | | How often have you attended church? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Do you pray? | | | | | | | | | | | | | | | | | | | |
| What is the religious history of your parents? 🡪 🡪 🡪 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you had negative experiences with the church? | | | | | | | | | Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check any of the following you or a family member have dabbled in or practiced.  Put date last dabbled in or practiced. | | | | | | | | | Santeria | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Voodoo | | | | | | | | | | | | | |  | | | | | | | | | | | | | Fortune Telling | | | | | | | | | | |  | | | |
| Channeling | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Satanism | | | | | | | | | | | | | |  | | | | | | | | | | | | | Palm Reading | | | | | | | | | | |  | | | |
| Séances | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Horoscopes | | | | | | | | | | | | | |  | | | | | | | | | | | | | Tarot Cards | | | | | | | | | | |  | | | |
| Psychic Power | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Astral Travel | | | | | | | | | | | | | |  | | | | | | | | | | | | | Witchcraft | | | | | | | | | | |  | | | |
| Clairvoyance | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Divination | | | | | | | | | | | | | |  | | | | | | | | | | | | | Ouiji Boards | | | | | | | | | | |  | | | |
| New Age | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Metaphysics | | | | | | | | | | | | | |  | | | | | | | | | | | | | Fortune Telling | | | | | | | | | | |  | | | |
| Occupational History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Usual Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Years at usual occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Now working at usual occupation (circle) YES NO If No why not >> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other jobs held: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Special Skills: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been fired from a job for your addiction? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe your work history for the past five years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a High School Graduate? YES NO If No what is highest grade completed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College History: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trade or any other certificates/licenses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a veteran? YES NO If Yes branch of service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years of Service: | | | | | | | | | | | | | | | | | | | | | | | Discharge Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | | | | | | | | | | | | | | | |
| Work Experience in Service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were you ever court martialed? YES NO If Yes when and why? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Entry Agreement

If I am accepted into Evans Memorial Camp Inc.

1. I agree to nor drink alcohol, take drugs, smoke cigarettes or use tobacco while I am in the program.
2. I agree to not have sex outside of marriage and to not indulge in sexual pornography.
3. I agree to not leave the property without permission of a staff member.
4. I agree to not swear, use street language or brag about my past life. This includes sharing details of my past with one on one with another man in the program.
5. I agree to not gossip, this includes sharing prayer requests for others.
6. I agree to participate in all church services, classes, activities, and work related requirements in this program.
7. I agree to not becoming violent in any way. I am aware that verbal threats or physical shoving pushing or hitting will result in my immediate dismissal of the program.
8. I agree to the phone being limited and only used with staff’s approval.
9. I agree that all mail send and received will be subject to inspection at any and all times.
10. I agree to follow and lead my guests to abide by the visiting policies.
11. I agree to do the work assigned to me and to follow the schedule.
12. I have no pending medical, dental or court business.
13. I agree that all my belongings will be checked when I enter or leave the program.
14. I agree that I will not be allowed to have visitors of the opposite sex other than my immediate family.
15. I agree that I will have staff approved contact with anyone who uses drugs or alcohol within my immediate family.
16. I agree to submit to all the rules and display a teachable spirit while in the program.
17. I agree to conduct myself at all times according to the scriptural principles and Christian character as set forth in this program.
18. I realize that Evans Memorial Camp Inc. is a Christian regeneration program and this program is derived from biblical principles.

I have carefully read this agreement and fully understand all that it says. I agree to abide by the rules and procedures of Evans Memorial Camp Inc. I understand that violations of the rules could result in dismissal. If dismissed I will voluntarily remove myself from the premises.

Signature Date

Application and Contract for Acceptance

1. I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself or any personal representative release and relinquish forever and all claims of any nature whatsoever that might arise out of my stay at Evans Memorial Camp Inc.
2. I do hereby promise and agree that I will cooperate with the rules of Evans Memorial Camp Inc. to the best of my ability and that I will carry out the work assigned to me in maintaining Evans Memorial Camp Inc. as my physical condition permits and to the best of my ability.
3. I have read and have had read to me all the forgoing questions and or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.
4. I understand that I may be assigned to any job assignments that the leadership here determines. I agree to so all the job assignments willingly and without complaint until the day I graduate. I understand that at any phase in the program I may be asked to serve in any work needed.
5. Any personal property left upon my departure from Evans Memorial Camp Inc. and not claimed within three days by me or my authorized representative shall become property of Evans Memorial Camp Inc. to dispose of in the best interest of Evans Memorial Camp Inc.
6. No other person than the applicant is authorized to sign this application/contract.

Applicant:

Print Sign

Date

Witness:

Print Sign

Date

Evans Memorial Camp Inc.

A long term residential program for men overcoming drug and alcohol addiction by having a relationship with Jesus Christ.

Entrance Requirements

1. Must be a man 18 years of age or older.
2. Applicant must have a telephone and physical interview with a staff member.
3. A non-refundable $500 entry fee is required. A plan for potential monthly funding as a resident. A deposit for transportation upon leaving the program is also required from those who are from outside of Lanier/Lowndes County area.
4. A physical examination is required. The applicant must have the enclosed physical exam form completed by a physician and mailed or faxed to us before being placed officially on our waiting list.
5. Applicant must have Social Security Card and or Driver License / Picture ID.
6. If applicable applicant must have names addresses and telephone numbers of probation officers, parole officers, attorneys and or public defenders. A copy of their court order mandating them to treatment as well as any pending information regarding court appearances. (date time place etc.)
7. Applicant must adhere to the guidelines and rules of Evans Memorial Camp Inc. Rules outlined in the admissions agreement as wll as those included in the Student Handbook.

I have read all of the above requirements and understand them fully.

Applicant

Date

Evans Memorial Camp Inc.

A long term residential program for men overcoming drug and alcohol addiction by having a relationship with Jesus Christ.

Admission Agreement

1. I understand that I should arrive at Evans Memorial Camp Inc. at the agreed time and date. Failure to do so may deny me entrance. If for any reason I cannot arrive on the specified date and time I will call prior.
2. I understand that I should bring the following with me:

* $500 for entry fee and deposit transportation if leave program.
* A written out and signed proposal plan for monthly payments of $500 while a resident.
* Names addresses and phone numbers of probation, parole officers, attorneys and public defenders.
* Names and addresses of all immediate family who might visit or write while I am in the program.
* Social Security Card / Driver’s License/ Picture ID
* Copy of marriage license if married.
* Remainder of paper work from entry packet.
* Appropriate clothing for work duties, free time, church.
* 2 pairs of sneakers.
* Bible, notebooks, paper, pens, envelopes, stamps, highlighters.

No more than one large suitcase is allowed.

1. I understand that my belongings will be thoroughly searched upon my arrival. Any items mailed to me brought to me by family member or purchased while on pass must also be cleared by staff before being they will be allowed to be read by me.
2. I understand that I should NOT bring lighters, knives, radio, guns, T.V., music, magazines, playing cards, matches, cigarettes, unapproved medication.
3. Due to limited space: limit the number of pictures you bring. No female pictures unless they are your daughter, wife, or mother.
4. I understand this is not a detox center and that I need to be detoxed at least two weeks prior.
5. I agree to take a drug test upon arrival and if the test is positive I will forfeit my bed.
6. I understand that my first two weeks are a probation period and that I am on a one month orientation period where there will be no outside communication and that I will be supervised and guided by a “big brother”.
7. I am committing to complete a minimum of ten months at Evans Memorial Camp Inc.
8. I understand that I will not be able to keep a vehicle at Evans Memorial Camp Inc.
9. I understand that I cannot have contact with any single women while in the program. This includes girlfriends and fiancées.
10. This program does not allow any psychological drugs. ( We insist that you come off any such medication under the care of a physician.
11. Should you leave or be dismissed for any reason at any time travel arrangements will be made for you with the money deposited upon arrival. The un-used portion, the entry fee, and any monthly payments are non-refundable. If there is no deposit you will be taken to local shelter.
12. I have read and understand this agreement and I know the expectations of obeying all the rules and regulation of Evans Memorial Camp Inc.

Please sign below to indicate your commitment:

Applicant Date

Evans Memorial Camp Inc.

A long term residential program for men overcoming drug and alcohol addiction by having a relationship with Jesus Christ.

PLEASE TAKE THIS FORM TO YOUR DOCTOR TO BE FILLED OUT COMPLETELY.

has applied for admission to Evans Memorial Camp Inc. The following information must be completed before he is accepted as a resident.

**PHYSICAL EXAM**

D.O.B. HEIGHT WEIGHT

BLOOD PRESSURE TEMPERATURE

HEART LUNGS DENTAL

EYE, EAR, NOSE, & THROAT

CONTAGIOUS SKIN DISORDERS

HEAD LICE

**LAB TEST RESULTS**

HIV TBT VD/RL

HEPATITIS A HEPATITIS B HEPATITUS C

**DIAGNOSIS**

Please state any limitations of physical activity any known present illnesses required medication etc.

Physcican’s Signature Date

Location of Practice Phone

THIS FORM MUST BE RETURNED WITH THE RESULTS OF ALL TESTS LISTED IN ORDER TO BE CONSIDERED FOR ENTRY INTO EVANS MEMORIAL CAMP INC.

Evans Memorial Camp Inc.

**Financial Commitment Form**

Evans Memorial Camp Inc. is a non-profit organization funded solely through the financial gifts of churches, individuals, foundations and corporations. The cost for a man to be in the program for one month is $1,500.**Therefore we request that the residents give a non-refundable entry fee of $500. We also ask for a minimum sponsorship of $500 monthly that is also non-refundable.** At the time of in-take, a pledge of monthly support from you, your family friends and your church to help offset this cost is greatly needed and appreciated.

I am accepting my responsibility, I commit to monthly support of $ while I am in the program. If there are any remaining funds due after my completion of the program, I will make payments until my financial commitment is fulfilled.

Print Name Date

Signature Date

Sponsorship:

I am willing to invest in life in the amount of $

Applicant name

* Monthly
* Bi-monthly
* One time gift

Sponsor’s Name

Address

Phone Number Email

Signature and Date

I am willing to invest in life in the amount of $

Applicant name

* Monthly
* Bi-monthly
* One time gift

Sponsor’s Name

Address

Phone Number Email

Signature and Date

**There will be no refund of monies given for entry fee or monthly payments if the resident chooses to leave the program early.**