**Forged by Christ Ministries, Inc**

**Men’s**

**Discipleship**

**Center**

**Application**

**1 Peter 5:10 (ESV)**

*And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, confirm, strengthen, and establish you.*

**Applicants Information**

**FOR QUESTIONS CALL 660-492-6736**

**(If any of the information you provide is found to be false your application will be automatically denied, and you will not be reconsidered at any time.)**

**IF AT ALL POSSIBLE, PLEASE FILL OUT A COMPUTER OR PHONE AND RETURN THIS VIA EMAIL. IF NOT THEN PLEASE PRINT NEATLY. IF WE ARE NOT ABLE TO READ IT, WE WILL NOT BE ABLE TO PROCESS IT.**

**Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.C #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a sexual offender? Yes** [ ]  **No** [ ]

***(We do run criminal background checks!)***

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PLEASE READ BEFORE CONTINUING**

This program is for professing Christians only. This is a Christian discipleship program, and we are designed to create Soldiers for God’s Army. Our recovery is Christ centered and based on Christian Theology. We focus on biblical principles and God’s healing Grace. We believe through the power of the blood of Jesus Christ and with the Holy Spirit working through you, you will be able to overcome all your life’s issues in accordance with God’s will. If you are a non-Christian, then it would not be fair for us to ask you to follow our structure. Let’s just be honest, if your way worked, then you would not need this program. You must be willing to submit to God’s plan for your life and the new way of living you will learn in our program. Holding onto anything from your past will only hinder your progress in life and your relationship with God. If you answer **NO** to any of the following questions, then **THIS PRORGRAM IS NOT FOR YOU!** Only willing participants need apply.

**ARE YOU WILLING TO DO WHATEVER IT TAKES TO CHANGE YOUR LIFE?**

**YES** [ ]  **NO** [ ]

**ARE YOU WILLING TO GIVE UP YOUR CRIMINAL MENTALITY?**

**YES** [ ]  **NO** [ ]

**ARE YOU WILLING TO COMMIT ONE YEAR TO THE DISCIPLESHIP OF FORGED BY CHRIST MINISTRIES, INC?**

**YES** [ ]  **NO** [ ]

**ARE YOU WILLING TO PUT OFF ANY TYPE OF ROMANTIC RELATIONSHIP AND FOCUS ON YOUR RELATIONSHIP WITH GOD?**

**YES** [ ]  **NO** [ ]

***Congratulations if you answered yes to all the questions!***

***Now, if accepted, we can help!***

 ***Please, tell us all about yourself and why you want to change.***

**Give us a brief description on why you want to be a disciple of Christ and what exactly being a disciple means to you?**

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**Please share you Christian Testimony (*The brief story of your life before Christ, how you came to know Christ, and your life since you became a Christian, and where you want to go with Christ.)* If you need more space, you may attach pages.**

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**List at least two references and their contact information, so we can confirm your information.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have children? Yes** [ ]  **No** [ ]

**If yes please list names, ages, do you have a relationship with them and their mother/mother’s.**

 **Do you have a relationship with?**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Them** [ ]  **Mother** [ ]

**Do you have any pending charges or court dates? Yes** [ ]  **No** [ ]

**If yes, please list:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you on probation or parole? Yes** [ ]  **No** [ ]

**If yes:**

**For what and until when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Parole/Probation Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any protection orders in effect against you? Yes** [ ]  **No** [ ]

**If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Are you currently prescribed any type of medication? Yes** [ ]  **No** [ ]

*Note anyone who is medicated due to psychological issues need not apply. We are not a medical center and we do not staff med techs. So, we cannot accept this type of client.*

**What medication are you currently prescribed to take?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**When was the last time you used drugs or alcohol and what?**

**Drugs?**

**Yes** [ ]  **No** [ ]  **What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_**

**Alcohol?**

**Yes** [ ]  **No** [ ]  **What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_**

**Prescription drugs not your own?**

**Yes** [ ]  **No** [ ]  **What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_**

**Other mind-altering substances?**

**Yes** [ ]  **No** [ ]  **What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE NOTE! You will be given a drug test upon arrival at the Men’s Center. If you test positive without previous notification, you will be automatically terminated from the program.***

**Are you in any type of a romantic relationship? Yes** [ ]  **No** [ ]

**Are you Married? Yes** [ ]  **No** [ ]

**If you answered yes to either or both please answer:**

**Name of person/wife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Currently together: Yes** [ ]  **How long? \_\_\_\_\_\_\_ No** [ ]

**Where do they live? City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are they actively addicted? Yes** [ ]  **No** [ ]

**Have they ever been? Yes** [ ]  **No** [ ]

**Is the relationship currently: Good** [ ]  **Bad** [ ]  **Not sure** [ ]

**If married is Christian Marriage counseling be something you would be willing to do?** *(If yes, we will be happy to refer you.)*

**Yes** [ ]  **No** [ ]

**Are you currently in jail, rehab, or prison? Yes** [ ]  **No** [ ]

**If yes what facility? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S SIGNATURE**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Once completed and signed please either send the application to:**

**FORGED BY CHRIST MINISTRIES, INC**

**510 WEST OHIO**

**CLINTON, MO 64735**

**Or email it to:**

**admissions@forgedbychrist.com**

**Once we receive your application, we will review the information provided and confirm it. Then if you meet the criteria for the program, we will arrange either an in-person interview or a phone interview and talk about next steps. We look forward to talking to you soon.**