

APPLICATION FOR ADMISSION

* 180-DAY-DISCIPLESHP-PROGRAM *

CHURCH ON THE STREET (COTS)

308 Dee Ann Ave.
Gallup NM 87301
(505) 567-4042

Date: _____

Name: _____
Last First Middle

Age: _____ **Date of Birth:** ___/___/___ **Birth Place:** _____ **SS#** ____ - ____ - _____

RELATIONSHIP STATUS:

Married: _____ Separated: _____ Divorced: _____ Single: _____ Widowed: _____

EDUCATION STATUS:

Check highest grade completed:

8th _____ 9th _____ 10th _____ 11th _____ H.S. Diploma _____ GED _____ College _____

Did you graduate from a Technical, Trade School or Journeyman Program? _____

- Do you have minor children? _____ If yes, how old are they and are they in your custody?

- 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:

List any income. Source: _____ Amount: _____

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

Address	City	State	Zip
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Driver's License: # _____ State: _____ Expires: ____/____/____ Type: _____

(If CDL, List All Endorsements)

- What do you feel is your most serious problem?

- Do you have an addiction problem? ____ Alcohol? ____ Drugs? ____ Other ____ If yes, 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, Explain:

- Are you presently taking any type of medication? _____ If yes, explain

- What is your religious affiliation? _____
- Have you committed your life to Jesus Christ? ____ If yes, when? _____
- Briefly explain what this means to you.

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

- Have you carefully read the rules? _____

NOTE: Applicant MUST stop all use of tobacco products prior to being released from incarceration. If applicant is not coming from prison or jail, he or she must stop use of all tobacco products upon entry into our mission or prior to other probationary terms.

- I understand and agree that: I am under the total direction and control of the Church on the Street (COTS). From time to time I may be requested to work under Kingdom Training, L.L.C., an Arizona limited liability company (KT) of which COTS is the sole member.
- My work for KT is part of my training to learn skills, work ethic, and attitude to make me successful in the marketplace after graduation from the COTS program.
- I am not an employee of COTS or KT, therefore, I will not be covered by Workman’s Compensation Insurance and I will not receive a salary. Any small amount of money that I may receive for my work contribution is simply a “Thank You” but will never exceed 10% of what the entry levelwage for the task I am doing would be.
- I will only be used in KT if I agree, in writing, to the above and I agree to sign up for AHCCCS insurance in the event that I may be injured while working for KT.
- COTS and KT are separate corporations and are only tenants of the PDC.
- This agreement shall be binding on any future phases of the COTS discipleship program that I may enter into.

Initials _____

By my signature hereon I declare that I thoroughly understand what is expected of me during my stay in the CHURCH ON THE STREET 180 DAY DISCIPLESHIP TRAINING PROGRAM, and that I will cooperate in every way.

NOTE: Future Phases,if entered into, will extend this application to that Phase.

Signature: _____ **Date:** ____/____/____

Prison Chaplain’s Name: _____ Phone # _____ Ext. _____
(Required if Applying From Prison)

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

Intake Leader’s Signature: _____ Date: ____/____/____

Intake counselor's comments and special instruction;

Please fill this section out in full:

A.S.P.C. _____

Housing _____

Unit _____

P.O. Box _____

City _____

State & Zip _____