

# APPLICATION FOR ADMISSION

## \* 180-DAY-DISCIPLESHIP-PROGRAM \*

### CHURCH ON THE STREET (COTS)

308 Dee Ann Ave.  
Gallup NM 87301  
(505) 430-8489

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**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?

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- 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.

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- Have you ever been accused of, investigated or charged with any type of abuse or violence? \_\_\_\_\_ If yes, please explain:

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- Have you ever been convicted of a sex offense? \_\_\_\_\_ If yes, please explain.

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- Have you ever been accused of a crime involving a minor? \_\_\_\_\_ If yes, please explain.

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- Are you now or have you ever been incarcerated? \_\_\_\_ If yes, please list DOC or current Booking Number:

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List any income. Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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Address City State Zip

Driver's License: # \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: \_\_\_\_\_

(If CDL, List All Endorsements)

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- What do you feel is your most serious problem?

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- Do you have an addiction problem? \_\_\_\_ Alcohol? \_\_\_\_ Drugs? \_\_\_\_ Other \_\_\_\_ If yes, explain.

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- 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:

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

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

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

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➤ 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 level wage 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Intake counselor's comments and special instruction;

<p><u>Please fill this section out in full:</u></p> <p>A.S.P.C. _____</p> <p>Housing _____</p> <p>Unit _____</p> <p>P.O. Box _____</p> <p>City _____</p> <p>State &amp; Zip _____</p>
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