



Freedom Hills
Christian Training Center, Inc.
12108 US Hwy 150, Shoals, IN 47581
Phone: (812) 486-8973 or (812) 709-8104

APPLICATION

(Personal Data Information)

We appreciate & thank you for giving us the opportunity to serve you and for taking the time to fill out this application for an interview at the Freedom Hills Christian Training Center. Here are a few things to keep in mind as you fill this out:

1. This is a confidential information form, to help us better understand who you are and why you would want to come here.
2. Please use Black or Blue ink pen to fill this out. No pencils please!
3. This application MUST be filled out in its entirety by the applicant themselves.

IDENTIFICATION DATA:

Your name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Occupation _____

Email Address _____ Sex _____ Birth Date _____ Age _____

Height _____ Nationality or Ethnic Background _____

Marital Status: Single _____ Dating _____ Married _____ Separated _____ Divorced _____ Widowed _____

Education: (Circle last year completed)

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6+

Other training (list type and years) _____

What job skills do you have? _____

Referred here by _____ Address _____

PERSONALITY INFORMATION:

Circle any of the following words which best describe you now:

Active Hardworking Excitable Shy Leader Sensitive Ambitious

Impatient Imaginative Good-natured Quiet Self-confident Persistent Nervous

Impulsive Moody Often-blue Calm Serious Easy-going Introvert

Extrovert Likeable Hard-Hearted Submissive Lonely Self-conscious

Other _____

Are you subject to violent mood swings or behavior? Yes _____ No _____

MARRIAGE INFORMATION: (If you are not married, check and omit this section)

Name of spouse _____ Address _____

Your spouse's age _____ Education (years) _____ Religion _____

Home Phone _____ Cell Phone _____ Occupation _____

Have you ever been separated? Yes No

Have either of you ever filed for divorce? Yes No If so, when? _____

Date of this marriage

Your ages when married: Husband Wife

Give brief information about any previous marriages

Broken by divorce Death

INFORMATION ABOUT CHILDREN:

**Check the first column if child is by a previous marriage or out of wedlock.*

RELIGIOUS BACKGROUND:

Church attended in childhood

Current church you attend Denomination

Church Attendance in times per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Baptized? Yes No

Religious background of spouse (if married)

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain Do you pray to God?

Are you saved? Yes No Not sure what you mean?

Explain any recent changes in your spiritual life, if any

PARENTAL FAMILY HISTORY:

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute: (Circle name if deceased)

Father _____ Mother _____ Substitute _____

Religious affiliation Father _____ Mother _____

Church attendance per month: 1 2 3 4 5 6 7 8 9 10+ / 1 2 3 4 5 6 7 8 9 10+

Occupation: Father _____ Mother _____

Are your parents still living together? Yes _____ No _____

If not, cause of separation: _____ When? _____

Rate your parents' marriage: Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your ... Father _____ Mother _____ Another _____

Rate your childhood life: Unhappy _____ Average _____ Happy _____ Very Happy _____

How many siblings do you have? _____ Brothers older than you _____ Sisters older than you _____

LEGAL HISTORY:

Do you have a valid form of identification Yes _____ No _____ If Not, why? _____

Do you have any pending legal issues? Yes _____ No _____ If so, what? _____

Have you ever been arrested? Yes _____ No _____ What For? _____

Are you on Probation? Yes _____ No _____ Are you on a sex offender list? Yes _____ No _____

Do you have any housing restrictions involving minors? Yes _____ No _____

HEALTH INFORMATION:

Rate your physical health (check): Very Good _____ Good _____ Average _____ Declining _____ Other _____

Your Approximate weight _____ lbs. Recent weight changes: Lost _____ Gained _____

List all important present or past illnesses, injuries or handicaps: _____

Date of last medical examination: _____ Report: _____

Your physician: _____ Address: _____

Have you used drugs for other than medical purposes? Yes _____ No _____ What? _____

Are you presently taking medication? Yes _____ No _____ What? _____

Prescribed by: _____ Address: _____

Have you ever had a severe emotional upset? Yes _____ No _____

Have you ever had any psychotherapy or counseling? Yes _____ No _____

If yes, list counselor or therapist and dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes _____ No _____

ANSWER THE FOLLOWING QUESTIONS:

What are the main problems, or difficulties as you see it? (*What are the areas that you would like us to help you with?*)

Describe things that you believe have contributed to causing your main problem?

What have you done about it?

List three ways you would like to grow & change.

Describe how we can assist you in that desire to grow & change.

As you see yourself, what kind of person are you? Describe yourself:

Describe your spouse's personality. (*Selfish, Loving, etc.*)

CLOSING SUMMARY INFORMATION:

Have you discussed your coming to Freedom Hills with any Minister or Pastor? Yes No

Name: _____ Phone Number: _____

Is there an accountability or support team set up for you? Yes No

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Is there anyone that is not in favor of you coming to Freedom Hills? Yes No

If so, who? _____

Are you willing to commit to come for an interview? Yes No

What is the best phone number to call to setup an interview?

Name: _____ Phone Number: _____

List anything you would like to discuss or know more about. (*I.E. Freedom Hills, Guidelines, Schedules, Housing, etc.*)

By signing this document, you (THE APPLICANT) agree that you have personally and honestly completed this document to the best of your ability. You also understand and acknowledge the fact that your submittal of this completed application is in no way a guarantee of acceptance into the Freedom Hills Christian Training Center.

Applicant's Signature: _____ Date: _____