



meno.life

APPLICATION

INTAKE DATE

HOUSE

PERSONAL INFORMATION

LAST NAME

FIRST NAME

M. I.

NICK NAME / PREFERRED NAME

HOME ADDRESS

CITY

STATE

ZIP

PHONE #

AGE

DATE OF BIRTH

SS#

____ / ____ / _____

DO YOU HAVE A VALID DRIVER'S LICENSE?: YES NO STATE ISSUED _____

PLEASE PROVIDE YOU DRIVER'S LICENSE NUMBER?: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

ARE YOU OR COULD YOU CURRENTLY BE PREGNANT? YES NO IF YES, HOW FAR ALONG? _____

EMERGENCY CONTACT INFORMATION

LAST NAME

FIRST NAME

HOME ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO YOU

HOME PHONE #

MOBILE PHONE #

LAST NAME

FIRST NAME

HOME ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO YOU

HOME PHONE #

MOBILE PHONE #

HEALTH INFORMATION

RATE YOUR PHYSICAL HEALTH: VERY GOOD GOOD FAIR POOR

DATE OF LAST MEDICAL EXAM

PROBLEMS NOTED BY DOCTOR

YOUR DOCTOR'S NAME

PHONE #

If you have medical conditions that require regular visits to the doctor, list the reasons and how often you need to be seen.

Are you presently taking medications or have prescriptions? YES NO

If yes, list all medications, dosages and how often you take them:

PRESCRIBED BY

PHONE #

If accepted into our program can you get enough medication to last 90 days? YES NO

Have you ever used drugs for non-medical purposes? YES NO

If yes list all drugs and approximate dates and lengths of use:

Have you been sexually or physically abused? YES NO

Do you have other illnesses or handicaps not included in the list to the left?

YES NO

If yes, please list:

Circle all the health problems you have or have had in the past:

Tuberculosis	AIDS	Mental Illness	Hypoglycemia	HIV
Hearing Loss	Colitis	STD	Poor Eyesight	Heart Failure
Bronchitis	Cirrhosis	Pneumonia	Leukemia	Blood Pressure
Kidney	Glaucoma	Anemia	Toothache	Asthma
Thyroid	Hepatitis A	Backache	Blackouts	COPD
Cancer	Hepatitis B	Ulcers	Epilepsy	
Diabetes	Hepatitis C	Prostate	Arthritis	

Circle below feelings that describe your life:

Inferior	Pride	Worry	Inadequate	Anger
Guilty	Insecure	Bitter	Doubt	

TREATMENT HISTORY

Circle all the mental health disorders you have or have had in the past:

Bipolar Disorder
Dementia
Schizo-affective Disorder
Multiple Personalities

Anxiety Disorders
Schizophrenia
PTSD
Other: _____

Have you ever been hospitalized for a psychiatric problem? YES NO DON'T KNOW
Have you ever had psychotherapy or counseling? YES NO

Name of Counselor / Therapist: _____ Dates _____

Have you ever been treated by a psychiatrist? YES NO
Have you ever been treated by a psychologist? YES NO
Have you ever had homicidal or suicidal thoughts? YES NO

If yes, explain: _____

Have you ever been in a residential treatment facility? YES NO
How many _____

Have you ever been treated for chemical dependency? YES NO
Have you ever been treated for eating disorders? YES NO
Have you ever been treated for mental disorders? YES NO
Have you ever been treated for sleep disorders? YES NO

Any known allergies?

WORK ABILITY

Are there any problems that would restrict or limit your availability to do manual labor or office clerical? If yes please explain in detail: YES NO

Are you in any way unable to work in our program? YES NO

LEGAL INFORMATION

Have you ever been convicted of a felony or misdemeanor?

YES NO

Have you ever been charged and/or convicted of a crime against children?

YES NO

(If yes please list each conviction separately)

ONE	CITY / COUNTY / STATE	CHARGES
TWO	CITY / COUNTY / STATE	CHARGES
THREE	CITY / COUNTY / STATE	CHARGES

I am currently on: Supervision Parole How long: _____

NAME OF PAROLE OFFICER

ADDRESS

CITY

STATE

ZIP

PHONE #

Do you have any charges pending? YES NO

(If yes please list each conviction separately.)

ONE	CITY / COUNTY / STATE	CHARGES
TWO	CITY / COUNTY / STATE	CHARGES
THREE	CITY / COUNTY / STATE	CHARGES

EDUCATION & WORK INFORMATION

Circle last year completed 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 5+

LAST OCCUPATION

DESCRIBE OTHER TRAINING / CERTIFICATES / DIPLOMAS

DESCRIBE OTHER SKILLS OR EMPLOYMENT HISTORY

MARRIAGE INFORMATION (IF APPLICABLE)

SPOUSE LAST NAME

SPOUSE FIRST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF MARRIAGE

AGE

OCCUPATION

SPOUSE CONTACT PHONE #

CHILDREN

ONE

NAME

AGE

MALE FEMALE MARRIED?

TWO

NAME

AGE

MALE FEMALE MARRIED?

THREE

NAME

AGE

MALE FEMALE MARRIED?

FOUR

NAME

AGE

MALE FEMALE MARRIED?

FIVE

NAME

AGE

MALE FEMALE MARRIED?

ARE YOU RESPONSIBLE FOR CHILD SUPPORT? ? YES NO?

IF YES, WHAT ARE THE ARRANGEMENTS YOU HAVE MADE FOR YOUR PAYMENT RESPONSIBILITIES?

MISCELLANEOUS

DESCRIBE YOUR PAST CHURCH INVOLVEMENT?

SIGNATURES

The undersigned resident applicant fully acknowledges that the information provided herein is accurate and true to the best of his/her knowledge, and that the application form has been completed and filled out by the applicant in his or her own handwriting. The applicant further understands that any false or incomplete information may cause and result in disqualification from admittance into the Meno Residential Program, whether just entering or already accepted. You understand that you are classified as a resident and that if you fail to comply with the rules and regulations as outlined in our literature, Meno has the right to expel you without any prior notification.

PRINT NAME	
APPLICANT'S SIGNATURE	DATE
DIRECTOR'S SIGNATURE	DATE

RESIDENTIAL AGREEMENT

The undersigned acknowledges and agrees that he/she is allowed to temporarily reside at the residential facility maintained and run by Meno solely at the discretion of Meno. Resident agrees to abide by all rules and regulations established by Meno. Failure of resident to abide by such rules/regulations may result in resident being asked to leave Meno House. IF this happens, resident agrees to leave Meno House immediately. Resident agrees that permission to reside at Meno House is only temporary, and may be terminated by Meno at any time, with or without cause. Resident agrees that failure to vacate the premises within the time specified, will result in liability for all reasonable costs and expenses of Meno, including reasonable attorney's fees, incurred in evicting client and recovering possession of the premises.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

RELEASE / WAIVER OF LIABILITY

Meno Life, d/b/a **Meno**
01/14/2021

As a resident or staff volunteer I may participate, worship, congregate and participate with Meno, its affiliates, ministries and any other related activities.

These activities may include but are not limited to: participation, sponsorship and/or a benefit as the beneficiary of the charitable services which may be provided, intended or otherwise by Meno. Such activities may include being transported to and from Meno locations, consuming food prepared in private homes and/or area churches, and any physical labor and other duties related to my participation. I hereby freely, voluntarily and without duress execute this Release under the following terms:

WAIVER and RELEASE: The Resident / staff volunteer does hereby release and forever discharge and hold harmless Meno, its subsidiaries or other affiliates, and of their respective officers, directors, employees, agents, successors and assigns from any and all liability, claims, and demands whatever kind or nature, either in law or in equity, which arise or may arise from the Resident / student's participation with Meno.

The Resident / student understands that this release discharges Meno and any components thereof from any liability or claim that the Resident / student may have against Meno and any components thereof, with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Resident / student's participation with Meno's ministries or affiliates. The Resident / student also understands that Meno does not assume any responsibility or obligation to provide financial assistance and/or other assistance, including but not limited to, medical, dental, health or disability insurance.

MEDICAL TREATMENT: The Resident / student does hereby release and forever discharge Meno, its successors, and any other components thereof from any claim whatsoever which arises or may arise

thereafter on account of any first aid, treatment, or service rendered in connection with the Resident / student's participation with Meno .

ASSUMPTION OF RISK: The Resident / student understands that while working with Meno that activities may be hazardous to the Resident / student and that food, accommodations and medical facilities may be donated and are beyond the control of Meno. Further the Resident / student understands that certain events and activities related to or associated with the participation may expose them to hazards and risks, both natural and artificial, that may result in harm, damage, personal injuries or death.

The Resident / student hereby expressly and specifically assumes the responsibility and risk of injury, or harm during activities to the Resident / student, Resident / student's spouse, children, unborn children, other family members, guests or invitees and releases Meno and its successors and any of its components thereof from any liability for injury, illness, death, and/or property damage resulting from the activities of the Resident / student's participation.

INSURANCE: The Resident / student understands that Meno does not maintain health, dental, or disability insurance on any Resident / student.

PHOTOGRAPHIC RELEASE: The Resident / student does hereby grant and convey unto Meno and any of its components all rights, title, and or interest in any and all photographic images, video and/or audio recordings during Resident / student's participation with Meno. The Resident / student understands that these images and/or recordings may be utilized for media releases and/or informational material in regard to Meno.

OTHER: The resident / student expressly agrees that this Release is intended to be as broad and

RELEASE / WAIVER OF LIABILITY

Meno Life, d/b/a **Meno**
01/14/2021

inclusive as permitted by the laws of the Commonwealth of Virginia, and that this release shall be governed by and interpreted in accordance with the Commonwealth of Virginia. The Volunteer agrees that if any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

AUTHORIZATION FOR TREATMENT: The Resident / student does hereby authorize but not require Meno to seek and obtain medical treatment in case of injury from participation with Meno.

INDEMNIFICATION AND HOLD HARMLESS: The Resident / student hereby agrees to indemnify and hold harmless Meno Life, Inc. d/b/a Meno, and each of their respective officers, directors, employees, agents, successors and assigns (an "Indemnified Party") and save and hold each of them harmless against and pay on behalf of or reimburse any such Indemnified Party as and when incurred for any Losses which such Indemnified Party may suffer, sustain or become subject to as a result of, in connection with, relating or incidental to or by virtue of any claim that is the subject of the waiver set forth above. The provisions of this paragraph shall survive the termination of this Agreement and Resident / student's participation.

NOTICE: THIS LEGALLY BINDING AGREEMENT WHICH IS INTENDED TO PROVIDE A COMPREHENSIVE RELEASE OF LIABILITY, BUT IS NOT INTENDED TO ASSERT ANY CLAIMS OR DEFENSES WHICH ARE PROHIBITED BY LAW. By signing this Release/Waiver, you give up any right you may have to bring an action to recover compensation or obtain any other remedy for any injury to yourself or your property for any death however caused arising out of participation as a Resident / student or beneficiary of services by Meno. This

Release/Waiver shall operate for the benefit of Meno, its subsidiaries or other affiliates, and of their respective officers, directors, employees, agents, successors and assigns.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND EACH AND EVERY PROVISION AND THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE SIGNED

BACKGROUND CHECK AUTHORIZATION

LAST NAME				FIRST NAME		MIDDLE	
FORMER NAME(S) AND DATES USED							
CURRENT ADDRESS							
CITY		STATE	ZIP	DATES MONTH/YEAR			

SOCIAL SECURITY #				DRIVER'S LICENSE #			
PHONE #			BIRTH DATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

The information contained in this application is correct to the best of my knowledge. I hereby authorize Meno and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to generate for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but not limited to the following: verification of social security number; credit reports, current and previous residences; employment history, education background, character references and drug testing. This report also may include, but not limited to civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Meno or its agents. I further authorize the complete release of any records or data pertaining to me in which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand and authorize Meno and its designated agents and representatives to maintain a current report of no older than two years.

**Meno and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

BACKGROUND CHECK AUTHORIZATION CONTINUED...

I hereby certify that the information I have provided on this application is true and complete. I authorize Meno to verify the information I have provided on this application by contacting the references, churches, and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application by Meno, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply, with this authorization.

Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teachings of Meno and to refrain from unscriptural conduct in the performance of my duties on behalf of the church and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omission from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given a position.

SIGNATURE OF APPLICANT

DATE

WITNESS SIGNATURE

DATE



**meno**

stay put. be still. don't quit.

meno.life