

APPLICATION TO:

IN _____ OUT _____

ALPHA ACRES
"The Place of New Beginnings"
1939 Morningstar Drive
Yadkinville, NC 27055

Spending Money Sent To Students Must Be:
CASH, MONEY ORDERS OR CERTIFIED CHECKS!!!

***** WE DO NOT CASH PERSONAL CHECKS *****

A CHRISTIAN RECOVERY CENTER FOR ALCOHOLICS AND/OR DRUG ADDICTS

FULL NAME _____

We must have three (3) different telephone numbers that we can call **COLLECT** during the day when we have an entry date and in case of emergency while you are here.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTE: ALL CALLS WILL BE COLLECT ONLY
Area Code, Telephone #, Name, & Relationship

TELEPHONE (____) _____ AGE _____

BIRTHDATE _____ SOCIAL SECURITY # _____ (1) _____

(2) _____

(3) _____

EDUCATION: High School Graduate _____ Attend College _____ Other _____ Musical Abilities? _____

TRADE/WORK SKILL _____ OTHER SKILLS _____ HOBBIES _____

MARITAL STATUS: Married _____ Single _____ Widowed _____ Divorced _____ Separated _____
(If divorced or separated give date(s) _____)

SPOUSE'S NAME _____ # OF DEPENDENT CHILDREN _____

CHURCH AFFILIATION _____ MEMBER [] YES [] NO

Address of Church _____ City _____ State _____ Zip _____

Pastor's Name _____ Church Phone # _____

PERSONAL MEDICAL STATUS: What type of drug have you been abusing and how long? Be complete about frequency and rate.

Is there a history of substance abuse in your family? If so, please describe _____

Have you ever had convulsions, seizures, or blackouts? _____ Allergies _____ Bee Sting _____

Other Medical Problems _____

Long Term Medical Problems? (Heart Disease, Diabetes, Epilepsy, etc.) _____

Rate Yourself in the Following (Excellent, Good, Fair, Poor):

Physical _____ Mental _____ Emotional _____ Spiritual _____

Are you taking any medication? (List and explain for what): _____

Have you been here before? _____ When? _____ Have you been in other homes, state or private hospitals? List and give dates:

PLEASE NOTE: We are not a medical facility and cannot give medical care. We need to know who will be responsible for medical expenses incurred while you are here:

Insurance Company _____ Policy Number _____

If you have no insurance, give the name, address, and telephone number of the responsible person:

LEGAL STATUS: Are you currently on parole, probation, under bond, or ordered by the court to be here? [] Yes [] No

If so, how long and for what? _____

Parole/Probation Office _____

Address _____ City _____ State _____ Zip _____

Who recommended Alpha Acres to you? _____

I am willing to come to Alpha Acres for the following reason(s): _____

My signature indicates that I am coming on my own free will. I hereby agree to cooperate in the work program and abide by all rules. I do assume risks that might be incidental to my stay; and I do hereby for heirs, executors, my administrators, myself, or any representatives, release and relinquish forever, any and all claims of any nature whatsoever that may arise out of or in connection with my stay here. I also give Alpha Acres and Winston-Salem Rescue Mission permission to release information/records as the occasion arises.

My signature indicates that I have read or have had read to me, and that I accept the conditions of this application.

Date _____ Signed (in ink) _____

SPONSOR'S RESPONSIBILITIES

1. Assuring that the student has the necessary AIDS (HIV) and Tuberculosis (TB) tests.
2. Assuring that the student has transportation to and from Alpha Acres and/or Winston-Salem Rescue Mission. If a situation arises in which the student cannot or does not desire to complete the program, the sponsor is responsible for picking him up. There is no bus, train, or plane service to Yadkinville, NC.
3. Assuring that no alcohol or drugs are in the student's belongings upon arrival.
4. Assuring that the student has all needed items such as clothing, etc.
5. Assuring that the student brings a King James Version of the Bible with him.
6. Assuring that the student brings any proper/necessary prescription drugs or written prescriptions. Students should be "detoxed" prior to arrival. They should not need antidepressants, sedatives, etc. once they are here since WE ARE NOT A MEDICAL FACILITY.

SPONSOR'S AGREEMENT: "I take responsibility for all of the above items as this student's sponsor."

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ SIGNATURE _____