

# UNION GOSPEL MISSION PROGRAM APPLICATION

## STOP

Do not fill out this application unless you have first read the appropriate handbook!

**I. GENERAL:**

Today's Date \_\_\_\_\_

1. Name: \_\_\_\_\_  
First
Middle
Last

2. Present Address: \_\_\_\_\_  
Street
City
State
Zip  
 Phone (    ) \_\_\_\_\_ S.S. Number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3. Referred to the G.R.A.C.E. Program by: \_\_\_\_\_  
Name
Phone  
 \_\_\_\_\_  
Address
City
State
Zip

Relationship (Friend, Relative, etc.) \_\_\_\_\_

4. In case of Emergency, notify: \_\_\_\_\_  
Name
Phone #
Relationship

**II. PERSONAL:**

1. Birth date: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Place of birth \_\_\_\_\_

2. Race: White \_\_\_\_\_ Black \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_  
 American Indian \_\_\_\_\_ Other \_\_\_\_\_

3. Are you an American citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you living on your own? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving home \_\_\_\_\_

5. What kind of problems did you have while living at home? \_\_\_\_\_  
 \_\_\_\_\_

6. Last grade completed \_\_\_\_\_ H.S. Diploma? \_\_\_\_\_ GED? \_\_\_\_\_
7. Served in any branch of the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_  
 Term of service \_\_\_\_\_ Type of discharge \_\_\_\_\_  
 MOS or Duties performed? \_\_\_\_\_
8. Do you have any Reserve or Military obligations at this time? \_\_\_\_\_  
 If so, explain \_\_\_\_\_
9. What are your present living conditions? \_\_\_\_\_  
 With whom? \_\_\_\_\_ Where? \_\_\_\_\_  
 How are you supported? \_\_\_\_\_
10. What significant changes have occurred in your life recently? (Behavior, employment, activities) \_\_\_\_\_  
 \_\_\_\_\_
11. List any special skill or trade: \_\_\_\_\_

**III. MARITAL STATUS**

1. Are you currently: Single \_\_\_\_\_ Common law \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
 Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Remarried \_\_\_\_\_ - How many times? \_\_\_\_\_
2. Spouse or Ex's (full name) \_\_\_\_\_  
 \_\_\_\_\_  
 Address City State Zip  
 Phone ( ) \_\_\_\_\_
3. If separated \_\_\_\_\_ or divorced \_\_\_\_\_ please give date \_\_\_\_\_  
 Reason for breakup: \_\_\_\_\_  
 What is the relationship like now? \_\_\_\_\_
4. List other previous marriages: \_\_\_\_\_  
 Name Duration of Marriage
5. Do you have a girlfriend / fiancée? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the relationship like? \_\_\_\_\_

6. Do you have any dependents or children? Yes \_\_\_\_\_ No \_\_\_\_\_

Dependent's Name	Birthdate	Age	Other Parent's Name	Child support	Custody Me	Custody Other

**IV. DRUG HISTORY:**

- Have you ever experimented with drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
- Why did you experiment with or become involved with drugs? \_\_\_\_\_  
\_\_\_\_\_

**FILL OUT CHART**                      **Usage**                      **How often used**

DRUGS USED	DATE OF 1 <sup>ST</sup> USE	DATE OF LAST USE	ONCE	SEVERAL	OFTEN	REGULARLY
Alcohol						
Barbiturates (downers)						
Amphetamines (uppers)						
Heroin						
Cocaine						
Hallucinogenics						
Opium						
Glue / Gasoline / Paint						
Tobacco						
Marijuana						
Other (specify)						

3. Do you consider yourself addicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

4. I depend on drugs (Check which one(s) apply to you)  
 \_\_\_\_\_ To cope with life                      \_\_\_\_\_ To be "in" with the crowd  
 \_\_\_\_\_ For pleasure                      \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ To escape reality                      \_\_\_\_\_

5. Longest period clean? \_\_\_\_\_ When was that? \_\_\_\_\_

**V. LEGAL STATUS:**

1. Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ How many times? \_\_\_\_\_

Please list the details of the three most recent arrests:

Date	Charges	Convicted Yes or No	Sentence	Time Served

2. What charges are pending? \_\_\_\_\_

When is your court date? \_\_\_\_\_

3. Have you ever been on probation / parole? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you now on probation / parole? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_  
 Time remaining? \_\_\_\_\_  
 How do you report? \_\_\_ In person \_\_\_ By mail  
 How often do you report? \_\_\_\_\_

Name of probation / parole officer: \_\_\_\_\_

Address: \_\_\_\_\_

4. Have you ever been in prison? Yes \_\_\_\_\_ No \_\_\_\_\_  
 When? \_\_\_\_\_ Where? \_\_\_\_\_

5. Name of lawyer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**VI. SPIRITUAL:**

1. Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

2. Do you have a personal relationship with Jesus Christ? Yes \_\_\_\_\_ No \_\_\_\_\_

A. What were the circumstances that led to this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Describe when and how you trusted Jesus Christ as your personal Saviour

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3. How often do you attend church? Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Regularly \_\_\_\_\_

Denominational preference: \_\_\_\_\_

4. Are you a member of any church or religion? Yes \_\_\_\_\_ No \_\_\_\_\_

Which one? \_\_\_\_\_

5. What recent changes have you had in your religious life (if any)? \_\_\_\_\_

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6. Have you ever been involved in the occult? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Explain your need of Jesus Christ, what your standing with Him now is (i.e.; good or bad relationship, no relationship at all, etc.): \_\_\_\_\_

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**VII. FINANCIAL STATUS:**

1. Are you receiving: welfare, unemployment compensation, disability payments, workman's compensation, alimony, or other income? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes indicate below the amount received )

Explain: \_\_\_\_\_

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2. Do you have any outstanding debts? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_

**Please list outstanding debts below:**

Owed to	Amount	Address	Phone	Payments

**VIII. PRESENTING THE PROBLEM:**

1. What is the main problem in your life, as you see it? (Why do you want to come here?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your greatest needs, in order of priority? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been involved in this Program before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Can't remember \_\_\_\_\_ If so, when? \_\_\_\_\_

5. Have you ever been in any other type of program before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 How many \_\_\_\_\_ (circle) Religious / Non-religious

Program Name	Date	City and State	Reason for Leaving

6. How do you expect this Program to help you? \_\_\_\_\_  
 \_\_\_\_\_
7. What are you expecting (believing) God to do in your life while you are in this program?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Describe what you're willing to do, or what you think is required of you for your life to be different in the future, from what it is now.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IX. HEALTH STATUS:**

1. Rate your general health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
2. Do you have any communicable diseases? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have epilepsy, seizures or diabetes? \_\_\_\_\_
3. List any medical problems or handicaps: \_\_\_\_\_  
 \_\_\_\_\_  
 How would this inhibit your work details? \_\_\_\_\_
4. Are you presently receiving medical care? \_\_\_\_\_ Where? \_\_\_\_\_
5. Do you have any physical problems due to drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you been hospitalized within the past 12 months? - If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
7. List all allergies: \_\_\_\_\_
8. List all medications that you are taking:: \_\_\_\_\_  
\_\_\_\_\_
9. Have you ever had psychiatric care? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
10. Have you attempted suicide? \_\_\_\_\_ If yes, how? \_\_\_\_\_  
If so, was this drug or alcohol related? \_\_\_\_\_
11. Do have any STD's \_\_\_\_\_ If yes, what \_\_\_\_\_

## **UGM PROGRAM MEMBER AGREEMENT**

1. I have read the rules in the Program handbook and consent to abide by all of them, whether I agree with them or not.
2. I hereby state that I am committing myself to the Lord Jesus Christ and to The Union Gospel Mission for six months of Bible study and training. I understand that there will be a two-week evaluation period at the outset of my entering the Program.
3. I release to UGM the right to do a room search without warning.
4. I release the right to UGM to make a thorough search of my person and belongings on the day of my admission.
5. I understand that withdrawal from drugs and alcohol will be done "cold turkey" aided only by prayer. If this is not agreeable, withdrawal should be done prior to entrance.
6. I understand that UGM will not be held responsible for any of my personal property left, lost, or stolen while I am in the Program. I realize that if I leave before my five months are up, I forfeit the right to take any items given to me during my stay at UGM.
7. I hereby give UGM the absolute right and permission to use any picture or representation of myself for any lawful purpose. I also release UGM from any liability resulting from the use of said images.
8. I release UGM from all financial or legal responsibilities in case of accident, injury, illness, or other misfortune.



9. I understand that I will not receive payment for the work I do while in the Program. I also understand that the purpose of this work is to aid in my character development.
10. I realize that my stay at UGM is dependent upon my compliance with all policies and rules. The administrative staff will have the FINAL word on all judgment calls concerning my stay. Failure to abide by the rules will also be a contributing factor in the length of my stay.
11. I hereby agree and consent to random drug and alcohol testing whether administered by UGM or any other agency, for the use of UGM. Drug and alcohol testing is done to protect the people, property and programs of the Mission. I understand that if at any time I test positive for drugs or alcohol, I face expulsion from the Program and may be barred from UGM.
12. NOTE\* If barred from UGM, criminal trespassing charges may be brought against me for returning to the property.

I realize that the Chattanooga Outreach d/b/a Union Gospel Mission – Chattanooga, TN; to which I am applying for residency has been established in compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that grant money to start the house requires the clients to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant understands that §2036 conditions are different than the normal due process afforded by some local landlord-tenant laws.  
*(Revised 09-20-2019)*

**THIS FORM MUST BE SIGNED IN THE PRESENCE  
OF A WITNESS**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature