

# *City of Refuge*

## **Requirements, Expectations, and Anticipations**

I. Basic requirements and expectations for all candidates who enter the City of Refuge program:

- Must be interviewed and approved for admission by two or more staff members
- Must submit to entrance drug status test (Note: failure of this initial test will not necessarily bar acceptance)
- Must be willing to make six-month minimum commitment to program
- Must attend all services of Faith Baptist Church of Milton
- Must submit to random drug tests
- Must punctually attend daily classes such as anger management, family life, Bibles classes, etc.
- Must fully participate in mandatory daily volunteer work assignments
- Must not hold any outside job for six months
- Must have no visitors *except* at church times and functions and then only with approval
- Must not leave ministry property except in conjunction with “City” functions
- Must participate in weekly counseling

See reverse side for program benefits

II. Minimum level of benefits residents can expect while in the program:

- All meals
- Housing and utilities
- Clothing needs
- Transportation to and from all pertinent program destinations and functions

III. Possible additional assistance and benefits can anticipate from **faithful participation** in the *City of Refuge* program **where feasible, appropriate, or applicable**:

- Help with court-ordered classes
- Help preparing to acquire your GED certificate
- Help acquiring/recovering driver's license (under certain circumstances)
- Help with minimum level of fine payments
- Small stipend for you to use for personal needs (varies)

After six months:

- Help with finding a job, including:
  - ★Letters of references
  - ★Personalized resume development
  - ★Specific leads (when available)
- Possible extension of up to six months time to live in “City” facilities while saving funds to get started in independent living
- Help going to technical school or college classes (for those who can qualify for entrance)

# CITY OF REFUGE

## Application

Date: \_\_\_\_\_

### I. PERSONAL INFORMATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Education: (Circle last year completed) Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12

Other Training: (list type, # of years) \_\_\_\_\_

Referred here by: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Can you read and write?  Yes  No Are you a homosexual?  Yes  No

What tools can you use: \_\_\_\_\_

Farm or shop equipment: \_\_\_\_\_

Office equipment: \_\_\_\_\_

Past jobs: \_\_\_\_\_

Present monthly income (social security, unemployment, etc.): \_\_\_\_\_

### II. MILITARY SERVICE

Have you ever been in the military service?  Yes  No Branch: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Job held: \_\_\_\_\_

### III. LEGAL INFORMATION (Use separate sheet of paper for additional information, if needed)

Have you ever been arrested or in jail:  Yes  No

Where: \_\_\_\_\_ Charge: \_\_\_\_\_

Where: \_\_\_\_\_ Charge: \_\_\_\_\_

Where: \_\_\_\_\_ Charge: \_\_\_\_\_

Where: \_\_\_\_\_ Charge: \_\_\_\_\_

Do you have any pending court cases?  Yes  No

If Yes, please give date, time, place, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### IV. HEALTH INFORMATION

Rate your physical health: Very Good Good Average Declining Other \_\_\_\_\_

Recent changes: \_\_\_\_\_

List all present or past illnesses, injuries, etc (that are important): \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_ Report: \_\_\_\_\_

Your physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have medical problems that require you to see a doctor on a regular basis, list reason and how often you need to be seen: \_\_\_\_\_

Are you presently taking medication(s): Yes No Please list all medications and prescribed by: \_\_\_\_\_

#### **We do not allow mind-altering drugs to be taken while in the program**

Have you used drugs for non-medical purposes? Yes No If yes, list all drugs and approximate dates and length of use: \_\_\_\_\_

Have you ever had a severe emotional breakdown? Yes No

Have you ever been a patient in a mental institution? Yes No If yes, please let us know below:

Where: \_\_\_\_\_

How long: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Have you ever had any psychotherapy or counseling? Yes No

Please list counselor/therapist and dates: \_\_\_\_\_

Check all health problems you currently have or have had in the past:

- |                                     |                                    |                                      |                                    |   |
|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> TB         | <input type="checkbox"/> Aids      | <input type="checkbox"/> VD          | <input type="checkbox"/> Cancer    | <input type="checkbox"/> Hypoglycemia   |
| <input type="checkbox"/> Hearing    | <input type="checkbox"/> Colitis   | <input type="checkbox"/> Cirrhosis   | <input type="checkbox"/> Anemia    | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Leukemia   | <input type="checkbox"/> Prostate  | <input type="checkbox"/> Glaucoma    | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Poor Eyesight  |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Toothache   | <input type="checkbox"/> Kidney    | <input type="checkbox"/> Pneumonia      |
| <input type="checkbox"/> Backache   | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Thyroid     | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nausea         |
| <input type="checkbox"/> Ulcers     | <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Other _____ |                                    |   |

#### V. MARRIAGE INFORMATION

If you have never been married and have no children, check here:  and omit this section, otherwise, complete all questions that apply.

Name of spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Education (last year completed): \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is spouse seeking help also: Yes No Unsure

Date of this marriage: \_\_\_\_\_ Have you ever been separated? Yes No

Have you ever filed for divorce? Yes No When? \_\_\_\_\_

Do you have any previous marriages? Yes No How many? \_\_\_\_\_

Give a brief description about any past marriages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information about children:

Name	Age	Sex	Education (grade/years)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you responsible for paying child support? Yes No

If yes, what arrangements have you made for your payment responsibilities? \_\_\_\_\_

VI. RELIGIOUS BACKGROUND

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

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8 9 10+

Are you a church member? Yes No

If yes, Church name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Do you consider yourself a religious person? Yes No

Do you believe in God? Yes No Unsure

How often to you pray to God? Never Sometimes Often

Are you saved? Yes No Not sure what you mean

Have you been baptized? Yes No If yes, then at what age? \_\_\_\_\_

How often do you read the Bible? Never Sometimes Often

Explain any recent changes in your spiritual life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. FAMILY HISTORY

If you were raised by anyone other than your own parents, briefly explain: \_\_\_\_\_  
\_\_\_\_\_

Father: Living: Yes No Unsure Occupation: \_\_\_\_\_ Denomination: \_\_\_\_\_

Mother: Living Yes No Unsure Occupation: \_\_\_\_\_ Denomination: \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_

Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. PERSONALITY INFORMATION

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

Ambitious	Self-confident	Persistent	Nervous	Impatient
Hardworking	Impulsive	Moody	Often blue	Excitable
Imaginative	Serious	Calm	Easy-going	Shy
Good Natured	Introvert	Extrovert	Likeable	Leader
Quiet	Hard-boiled	Submissive	Lonely	Sensitive
Self-Conscious	Other _____			

IX. BRIEFLY ANSWER THE FOLLOWING QUESTIONS

What do you see as your main problems? (Why are you applying to this program?) \_\_\_\_\_

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What have you tried to do about them? \_\_\_\_\_

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In your opinion, what can we do to help you? \_\_\_\_\_

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As you see yourself, what kind of person are you? \_\_\_\_\_

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Do you have any medical or legal problems that we need to know about, that was not stated above?

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# City Of Refuge

## Men's Program Standards

The use of profane language will not be tolerated.

Criticism in the form of references to “old times” or “the way things used to be done” will not be tolerated.

Griping will not be tolerated. Anyone experiencing *personal* problems should discuss them with the Program Director.

All *program* or *work-related* problems shall first be discussed with the Program Director and/or the Director of Operations of Helping Hand Missions for resolution; issues which cannot be resolved at that level then will be referred to the Pastor.

Anyone wishing to leave either the program or the premises should first talk to either the Program Director or the Pastor – and not to anyone else.

Each man must have an approved haircut and be clean shaven at all times.

Proper hygiene is essential. Each man **must** thoroughly **shower and use appropriate hygiene and grooming products each day.**

Each man is responsible for the purchase of his own personal hygiene and grooming items; some are available for purchase in the office.

Everyone should wear *clean* clothes when reporting for work, classes, etc.

Each man in the City of Refuge program must have a personal copy of the Authorized King James Bible and bring it to all church related functions.

Reading material other than the Authorized King James Bible must be approved by the Program Director, the Pastor, or a designated staff member.

No prolonged eye contact with any female is permitted.

Leaders and other adults shall always be addressed using courteous and respectful terms such as Brother, Sister, Sir, Ma'am, Mr., Ms., Mrs., Pastor, Doctor, etc.; worldly, or disrespectful terms of address such as Babe, Sugar, Dummy, etc. are never to be used.

Each man is responsible for his own medical and dental bills. Only *emergency* medical and dental care expenses may be considered for assistance. All existing medical and dental conditions requiring professional attention must be resolved prior to coming on board the City of Refuge program.

No personal phone calls are to be made from assigned organization cellular or job site phones without specific authorization from the Program Director, a Supervisor, or the Pastor.

No personal cellular phones are allowed at the job site.

When dormitory residents are leaving the dormitory as a group in a company vehicle, no one should be left behind at any point.

No shorts or sleeveless shirts are to be worn away from the dormitory property.

Anyone observed smoking in a non-designated location (vehicles, buildings, church property, etc.) will be subject to disciplinary action. While on the job site, smoking will only be allowed at designated break times and designated locations unless approved by authorized personnel.

The possession or use of alcoholic beverages or illicit drugs by any program member shall be cause for his immediate dismissal from the program.

All medications must be approved by the Program Director or the Pastor (in the absence of the Program Director).

**NO** visitors are allowed at the City of Refuge housing complex.

Fighting by any program participant is grounds for immediate dismissal.

No program member is allowed in any office unless he is accompanied by the Program Director or has specific permission to be there (like to use a phone when the Program Director is not in the office).

All individuals will have to help with meal preparation and cooking.

Each man will be given designated cleaning areas in and around dormitories.

All individuals applying for entrance into the City of Refuge program will first be required to submit to a drug test.

Each man being accepted into the City of Refuge must agree to be subject to random drug and alcohol tests while in the program.

Any individual not planning to stay with the City of Refuge program for the length of time to which he agrees at the time he applies for admittance should refrain from coming on board in the first place.

I accept and understand the rules as stated above and will following them at all times.

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Print Name Clearly

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Sign Name

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Date