

THE HARBOR MINISTRIES LIFE TRAINING CENTER INC.
PRE – INTERVIEW APPLICATION

NAME _____ AGE _____ BIRTHDATE ____/____/____
Please print (Initials)

I have read the rules and regulations of the Harbor Ministries, and I am committed to abide by all the rules and regulations of the Harbor. X_____

I understand that not abiding by these rules may cause immediate termination. X_____

I understand that the treatment and recovery services at The Harbor are exclusively religious in nature and are not subject to licenser or regulation by the Texas Commission on Alcohol and Drug Abuse. The Harbor offers only non-medical treatment methods, such as prayer, moral guidance, spiritual counseling, and scriptural study. X_____

I understand that all detox is by “cold turkey” and I cannot hold Harbor Ministries liable for my present health conditions. X_____

I am able to, and will commit to a 12-month program. X_____

I am asking for help because I need help and there is no one pressuring me to be here. X_____

I understand that any violence or threats of violence will not be tolerated, any such violence will be handled by the police and the violator will be removed and charged accordingly. X_____

I fully understand that no drugs, alcohol, smoking or using tobacco products are permissible while I am enrolled in the program. X_____

I understand that I will have to work to the best of my ability in The Harbor Ministries Vocational Training Program for a minimum of four months in exchange for guidance, pastoral counseling, life skills, biblical instruction, vocational training, transportation, food and shelter. X_____

I have no physical problems that would hinder me from being able to work. This includes, stooping, bending and heavy lifting. X_____

To the best of my knowledge, I am in good health, able to work, and I am not a health risk to the” in house “community of the Harbor. (If not, explain) _____

_____ X_____

I have no psychological problems that would hinder me from completing the program. X_____

I understand that I am not permitted to possess or take prescription medications that contain narcotics, or that fall under the category of psychotic medication. X_____

I have never been subscribed psyche medication or I no longer take psyche medications and have been released from taking them by a medical doctor. X_____

I understand that church attendance, as a group, is mandatory. X_____

I understand that I will participate in daily cleaning chores. X_____

I will participate in bible studies, scripture memorization, daily devotions, and Christ-centered 12-step meetings. X_____

I do have / do not have a steady source of income. (i.e. SSI, disability, trust fund) Explain _____ X_____

I understand that any money is to be turned into the office, and that I may not have money in my possession at any time. X_____

I understand that I will not be earning any money for a minimum of four months, I have arranged for any on going payments (child support, car notes, rent ect.) to be put off or taken care of until I can be employed and provide for my responsibilities personally. X_____

I have taken care of all my unfinished business, legal issues, family arrangements, gathering belongings, picking up paychecks ect. X_____

I have permission from my parole or probation officer to enter a rehab program. Yes ___ N/A ___ X_____

If single, I understand that I need to put all dating relationships aside until I complete the program. N/A _____ X_____

If legally married, my wife and I are in agreement with me entering into this program. We have discussed the duration of the program, the financial burden it will be on her, upon other family members and the stress factor that will arise with us being apart. We are fully committed to sacrifice the time needed to complete this program. N/A _____ X_____

I understand that, upon entry, my belongings will be searched. I will not bring in any contraband or forbidden items. X_____

I understand that signing this agreement does not guarantee admission into The Harbor Ministries, admission is only at the discretion of the director. X_____

I acknowledge and agree with all the statements above _____
Signature

_____/_____/_____
Date