

Life Made New Ministries
1224 S Jefferson
Webb City, MO 64870
417-499-1759

Application

Name: _____ Birthdate: _____

Charges: _____

Attorney's Name: _____

Next Court Date: _____ Where: _____ Time: _____

Names of those who provide support (family, friends): _____

Last Date of Sobriety: _____

Drug of Choice: _____

Type of Work: _____

Last Job Held: _____

Y / N Are you able to work?

Y / N Currently Employed? Where: _____

What do you feel you can benefit from this program? _____

What do you feel you can do to help others in this program? _____

What previous programs, if any, have you been involved in? _____

Y / N Are you on Probation or Parole? Officer Name: _____

Y / N Will you agree to a One (1) full year Faith Based program?

Y / N Are you willing to get along with others in the program?

Y / N Do you feel you are teachable?

Y / N Do you understand you must attend ALL classes and church?

Y / N Are you able to pay a \$250 deposit?

Y / N Do you understand you will pay weekly program fees of \$125?

Y / N Are you willing to participate in community service?

Y / N Are you willing to do daily assigned chores?

Y / N Do you have a driver's license? If No, what will it take for you to get one?

Do you have the following in your possession?

Y / N Social Security Card

Y / N Id Card

Y / N Birth Certificate

Have you ever committed a violent crime? Y / N If so, please explain: _____

Have you ever committed or been charged with a sex crime? Y / N If so, please explain:

What steps do you feel you need to take to better your life? _____

What is the reason you feel you should be accepted into the program? _____

Name of Interviewer: _____

Comments: _____
