

EXODUS MINISTRY OF MISSOURI, INC.
P. O. Box 554
Bolivar, Missouri 65613
Application for Admission

Personal History

Name _____ S.S.N. _____

Institutional Number _____ Institution _____

Institutional Parole Officer (must be filled in) _____

Date of birth _____ Place of Birth _____

Do you possess a valid drivers license (circle one) yes no

Type of license _____ State _____ License # _____

Prison History

Have you had a meeting with the parole board yet? (Circle one) yes no

Will you be on: (circle one) Parole EMP 12/12 Probation

How long will you be on parole/probation? _____

Have you been given an out date? (circle one) yes no

If yes, what date did they give you? _____

How many times have you been incarcerated? (List below) (List current time)

Institution	City	State	Date
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Give three references from your present institution (not inmates). **This must be completed.**

Name	Position
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List all charges, convictions, and other dispositions received. Giving dates, places, and outcome. (If you do not remember all of them, tell us if you think you have missed one.)

Offense	Place	Date	Sentence

Have you used alcoholic beverages? (circle one) yes no
 Do you use alcoholic beverages at the present time? (circle one) yes no occasionally

Explain: _____

Do you consider yourself an alcoholic? (circle one) yes no
 Do you or have you used any type(s) of drugs? (circle one) yes no occasionally

Explain: _____

OTHER REHABILITATION CENTERS ATTENDED (other than prisons)

Where _____ When _____
 Where _____ When _____
 Where _____ When _____
 Where _____ When _____

Have you ever applied to the Exodus program before? _____ When? _____

Number of times you have stayed in a mission: _____

If you are a naturalized citizen, give the following:

- a. Certificate: _____
- b. Date entered the U.S. (month, year): _____
- c. Date of final papers (month, date, year): _____

Do you receive any of the following: (circle one) Social Security Check Veterans Check
 Disability Check Other _____

Family Information

What is your present marital status? (circle one)

Divorced

Separated

Engaged

Single

Do you have children? (If so, please list)

Name

Birthday

Age

Sex

What type of legal custody of your children do you have?

Total _____

Joint _____

If you have children, where are your children now? _____

Please list the name, address and phone number of the person your children are staying with:

Children's father/s name (and address if known): _____

Your parent's names and address: _____

Are your parents: (Circle one)

separated

divorced

deceased

Employment History

What job training did you have before incarceration? _____

Manpower: _____ Vocational training: _____ Job: _____

Other: _____

What was your last legal job before incarceration?

Job title: _____ Employer: _____

City: _____ State: _____

Duties performed: _____

What jobs have you worked in the institution?

Institution

Job

How Long

What vocational training programs have you participated in? _____

How long? _____

Did you receive a certificate? _____

List all courses taken while incarcerated? (If shorthand or typing, give speed at completion.)

List your preference of employment:

1st _____

2nd _____

3rd _____

What self-improvement programs have you completed while incarcerated?

How helpful do you feel those programs have been and why?

List all skills that you have: (be specific)

Education History

What was the last grade you completed? (Circle one)

Grade School Jr. High High School GED College

List date of graduation: _____

If you completed college, list your degree: (type/year): _____

Major/Minor: _____ Post Graduate: _____

Did you ever attend any trade schools? (Circle one) yes no Where? _____

Did you graduate (Circle one) yes no What years attended? _____

What specialized training did you receive? _____

Medical History

What is the state of your physical health? (circle one) Excellent Good Fair Poor Declining

What is your: Height _____ Weight _____

List all the major illnesses or operations you have ever had: _____

Are you handicapped in any way? (circle one) yes no If yes, what type of handicap do you have?

Do you presently have or have you ever had emphysema? (circle one) yes no

Have you ever been hospitalized for alcoholism or drug addiction? (circle one) yes no

Have you ever tested positive for T.B.? (circle one) yes no

Have you ever used drugs other than for medical purposes? (circle one) yes no

What How Long Where

Are you taking any medication(s)? (circle one) yes no If yes, what medication(s):

How long have you been on this/these medication(s)? _____

Have you ever been committed to a psychiatric hospital? (circle one) yes no
 Committed Voluntary Admit Date admitted: _____

Have you ever had a severe emotional upset? (circle one) yes no

What was the cause? _____

What is your Medicare # _____ Medicaid # _____

Religious History

Are you a member of a church? (circle one) yes no

Have you ever been a member of a church? (circle one) yes no

What denomination? _____

Where? _____ Pastor's Name _____

Pastor's address if known: _____

Are you a Christian? (circle one) yes no not sure

How often do you read your Bible? _____

Have you ever been baptized? _____

What are your thoughts about participating in a Biblically based program for life-improvement?

If you are a Christian, please give a brief testimony of your salvation experience:

What is your chaplain's name? _____

Do you pray? _____ When? _____

Please give the religious background of your family when you were growing up?

Why do you want to participate in the Exodus Ministry program?

What do you hope to learn from the Exodus program?

What will you do if this application is temporarily delayed or rejected?

Referred to Exodus Ministry of Missouri, Inc. by: _____

*All the information that I have stated in this application for participation in the **Exodus ministry of Missouri, Inc. Post Release Program** is true and correct.

*I agree to obey all the rules, regulations and guidelines that are stated in the policy and orientation manual.

*I further agree that if I am accepted into the **Exodus Ministry of Missouri, Inc. Post Release Program** to submit to drug and/or other alcohol testing at anytime in which there is a question as to possible usage.

*I further agree that the staff of the **Exodus Ministry of Missouri, Inc. Post Release Program** has permission to bring a drug dog to check out the premises either in my presence or absence.

* I further give my permission to the **Exodus Ministry of Missouri, Inc.** to request and obtain my medical, employment, and criminal records with the agreement that such information will be confidential.

*I further agree that if I am accepted into the **Exodus Ministry of Missouri, Inc. Post Release Program** to a release of information between my PO and Exodus Ministry to work together for the duration of my participation in the program.

Signature

Date

Print Name: _____

Application Received: _____

Exodus Ministry of Missouri, Inc.

Date

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Interviewed by: _____ Date: _____

Application accepted: yes no Date: _____