

Application For Membership in "The Rock" House

First Name: _____ Middle Initial: _____
Last Name: _____ DOB ____/____/____
Current Address: _____ City: _____
State: _____ Zip: _____
Telephone – Home: _____ Work: _____ Cell: _____
Emergency: _____

Have you ever been addicted to alcohol or drugs? YES or NO
Date of last drink: ____/____/____ Date of last drug use: ____/____/____

Have you been through a rehabilitation facility or program? YES or NO
If yes, where and when: _____

Are you employed? YES or NO Where: _____

Employer contact: _____
If not working, when do you plan to be employed? ____/____/____ Current take home pay: \$ _____
Next month's pay: \$ _____

Marital status: Single Married Separated Divorced

In case of emergency we should contact: _____

Medical Doctor: _____ Insurance: YES or NO

Do you take prescriptions drugs? YES or NO

What local church do you regularly attend? _____

Pastors name: _____

What time do they meet? _____ Address of the Church: _____

Change anticipated? YES or NO

What weekly Bible Study/Care Group do you attend? _____

Leader: _____ Time: _____

Who is your mentor? _____

How often do you meet? _____ (2X's per month min)

Mentor's Phone #'s: Work: _____ Home: _____ Cell: _____

Mentor Change expected: YES or NO

Parole Officer: _____

Phone number: _____

I have read the items above my signature on this application and understand that if accepted in the Lighthouse Accountability House, I agree to the terms in all items including the waiver of any landlord-tenant rights I might have with respect to residency in the Lighthouse Accountability House. I understand that I fully subject myself to the rules of the house. Deposits will not be refunded if an individual is required to leave. Deposits will not be refunded if applicant does not stay and or pay for a minimum of 3 months. If leaving is voluntary and two weeks notice is given at a weekly meeting, the security/sobriety deposit is usually repaid within two weeks or after the house phone bill comes due and appropriate deductions are made for any long distance calls.

The nature of the Lighthouse Accountability House requires expulsion, without notice of refund of deposit, of any member who is found by majority vote of the house membership to be using either alcohol or drugs, or is involved in any criminal activity. Drug or alcohol use, disruptive behavior, or non-payment of fees, can lead to immediate eviction.

Along with this application, you must enclose a letter stating your reason for requesting admittance to the house and a plan for personal growth.

Signature of Applicant _____

Date: _____

Signature of ATLAS Representative _____

Date: _____

Signature of Applicant _____

Date: _____

Signature of mentor _____

Date: _____

Signature of Pastor _____

Date: _____

Office Use Only:

Approved at meeting ____/____/____

Attested by: _____

Move in date: ____/____/____