

Id# _____ Pend. TB HIV EF (FLU CR MR If applicable)

Former Student? Yes No File # _____

If yes: Approved? Yes No By: _____ Program: _____

Minor Approved By: _____ Date: _____

Interview Date: _____

*****THE ABOVE INFORMATION IS FOR OFFICE USE ONLY*****

Student Application to Bethel Colony of Mercy

1. Bethel Colony is a faith ministry which depends solely on donations.
2. Bethel Colony of Mercy is a Christian renewal center designed to help men who are truly ready to make a change in their life. Victory in living through Jesus Christ and the truth of the Bible is taught here. This is accomplished through classroom teaching, audio & video tapes, one-on-one counseling, homework assignments, worship services and work projects.

I have reviewed the info and willing to consider what Bethel has to offer

I Agree (required)

Have you ever been to Bethel Colony before? **Yes No**

Your Name: _____ Date of Birth: _____

Age: _____ Social Security # (last 4 digits only): _____

Phone: _____ Alt Phone: _____

Address: _____

E-mail: _____

Did you graduate from high school? **Yes No** If no, GED? **Yes No**

Give a name & number of a personal reference we may contact:

Contact: _____ Phone# _____

A. Why do you want to come to Bethel Colony of Mercy?

B. When did you have your last drink or drug?

What was it?

C. Are you subject to DT's or seizures? **Yes No**

(Must be detoxed at least 48 hrs, 72 hrs if on alcohol/opiates) If you come in requiring detox, you may be asked to leave and return after detoxification and WILL be required to start Bethel's program over once you have completed detoxification.

D. What is your marital status?

E. Who are you living with now?

Relationship

Can you return there when you leave Bethel? **Yes No**

F. Do you have a job you can return to when you leave Bethel? **Yes No**

G. Would it be ok to do a criminal background check? **Yes No**

If no, please explain:

H. Have you ever been to jail or prison? **Yes No**

If yes, please explain:

I. Do you have any pending court dates? **Yes No**

If yes, please explain:

J. Are you on parole or probation for anything? **Yes No**

If yes, please explain:

K. Do you have a prior criminal record? **Yes No**

If yes, please explain:

L. Are you a felon? **Yes No**

M. Are any warrants pending? **Yes No**

If yes, please explain:

NOTE: If you are a felon you must send a copy of your Criminal Record. If you choose to relocate in the Lenoir area when you leave Bethel, we may notify the local authorities.

3. The program at Bethel is for **65 consecutive days** and we expect you to make a firm commitment to fulfill all 65 days. Is there anything, including finances, that would prevent you from doing this? **Yes No**

If no, please explain:

4. Do you smoke? **Yes No** Do you use smokeless tobacco? **Yes No**

We discourage smoking but allow it in designated areas only. Cigarettes only; vapes, e-cigs, roll your own or any other form of tobacco are not allowed.

We have other rules we expect you to comply with such as limited TV choices and **not leaving the grounds without permission, which is a check out offence.** You are required to participate in the daily work projects. Work projects are designed to produce discipline and responsibility. We are not a source of income. We are a faith ministry and there is no charge to stay here. There is a non-refundable entry fee and we ask that you send it in before entering the program. We also ask that you bring toilet paper, paper towels, and laundry detergent when you check-in to Bethel, if possible.

5. HEALTH AND RELATED ISSUES

A. How would you rate your overall health? **Good Fair Poor**

Do you have any disabilities? **Yes No**

If yes, please explain fully:

Treatments:

Medications:

B. What is the date of your last hospitalization?

For what?

C. What is the date of your last physical examination?

What was the result?

D. Have you ever had Hepatitis? **Yes No**

If yes, which kind?

When?

Is it in remission? **Yes No**

Send a doctor's letter confirming your current status.

E. Have you ever had TB? **Yes No**

If yes, when?

F. Have you ever tested positive of HIV? **Yes No**

If yes, when?

Treatment:

G. Have you ever been diagnosed with schizophrenia and/or personality disorder? If so; what was the diagnosis?

H. Have you ever been told you have any of the following?

Diabetes Emphysema Heart Problems Ulcers High Blood Pressure

ANY sexually transmitted disease?

If yes to STD's, which one(s)?

I. You must have a TB and HIV test done prior to being called to come in Bethel. (Flu Shot required from October through March, you will need to have a flu shot with documentation.) These test results may take up to a couple of weeks. You will not be placed on the active waiting list until we receive at least one of the test results.

Fax results to: Office Manager, **(828)754-5370** or mail to:

Bethel Colony of Mercy

1675 Bethel Colony Rd.

Lenoir, NC 28645

J. Are you currently on any medication or supposed to be taking any medication? **Yes No**

If yes, which medication(s)?

If you are on antibiotics, we must know why you are taking them:

We will also need a letter from your treating doctor or dentist confirming this.

PLEASE HAVE ALL PRESCRIPTION MEDICATIONS FILLED BEFORE COMING AND ALL NEEDED REFILLS FOR THE 65 DAY PROGRAM.

You need to take care of any dental, vision or any other medical issues before entering this program. We are not a medical facility nor do we have available the transportation to take care of non-emergency medical needs.

The following is a list of medications NOT ALLOWED while at Bethel. They are listed with brand name and generic name following in parentheses: valium (diazepam), xanax (alprazolam), serax (oxazepam), ativan (lorazepam), halcion (triazalam), dalmene (flurazepam), restoril (temazepam), klonopin (clonazepam), tranxene (clorazepate), librium (chlordiazepoxide), sonota and ambien. (THIS LIST IS NOT ALL INCLUSIVE)

I. List all drugs you have used:

IV drugs? **Yes No**

J. (a) If you have any open wounds of infections, they must be treated and healed before you enter Bethel Colony. This includes injection sites for IV Drug users. (b) You must be free from all infectious diseases, such as Staph, MRSA, and Strep. (Herpes must be dormant).

K. Is there anything else you can think of that would help us to minister to you?

6. How will you arrive at Bethel? (You cannot drive yourself)

7. (a) Bring work and dress clothes. NO SLOGANS ABOUT BEER, BARS, DRUGS, SEX, WOMEN, TOBACCO, MUSIC or ANYTHING CONTRARY TO THE CHRISTIAN LIFESTYLE will be allowed.

(b) Bring your own washcloths and towels (mark your name on them). Bed linens are provided.

(c) Bring your own personal toiletry items (nothing with alcohol, i.e.; mouthwash, colognes or aerosols)

(d) Bring a cloth mesh 36 x 24 laundry bag. (Can be purchased at Wal-Mart.)

(e) NO BODY PIERCING RINGS OR STUDS WORN ANYWHERE ON YOUR BODY!

(f) No radios, stereos, walkmans, CD/Tape/MP3/DVD of any kind. No video games or cards. No cell phones or lap-top computers. In other words; no electronic devices period.

(g) No over the counter medications.

(h) No caffeinated drinks or coffee.

(i) **Bring a Bible if you have one.**

8. We are offering to help you overcome your bondage, however, this must be on our terms. Are you willing? Yes No Do you still want to come? Yes No

9. If you have any questions, please email Bethel at bcom@bethelcolony.org and we will respond quickly. Please keep in contact with us throughout the application process.

I have answered all of the above questions on this application honestly and to the best of my ability. Yes No

****Please read the following notes of interest before submitting your completed application.****

I have read and will comply with the above regulations. Yes No

Signed: _____ Date: _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION PLEASE CALL OUR OFFICE AT 828-754-3781. Within 72 hours of receiving your application someone from our office will call you to complete your application process. WHEN WE CALL WE MUST SPEAK TO THE PERSON APPLYING. In the case that we have not talked to you within the 72 hours please contact our office to complete your application process.

Please make sure that you have filled in the contact phone numbers where you can be reached.

****REMEMBER****

After completing and submitting your application we will need the results of two blood tests (HIV and TB) and the \$250.00 Entry Fee before you will be called to come to Bethel. Once entered into the program this Entry Fee is non-refundable.

From time to time there is money given specifically to be put in a scholarship fund for those who have no way to pay the full Entry Fee. However, if money is available and you qualify to receive help you will be requested to make a partial payment. If you need more information on this you will need to contact the Office Manager at 828-754-3781 after submitting your application.

There are now two ways to pay your Entry Fee: 1. Mail a money order to Bethel Colony of Mercy, 1675 Bethel Colony Rd., Lenoir, NC 28645. If you are paying by money order please make sure you write the applicant's name on the "For" line. or 2. Pay your Entry Fee online. There is an additional non-refundable fee for the online payment of your Entry Fee.