

Freedom Farm Ministries Application

***This is a one-year program**

Please complete (four pages), then sign and submit electronically or mail/fax to:

PO Box 153, Boone, NC 28607

FAX: (828) 355-6106 or office@freedomfarmministries.org

Full Legal Name _____

Preferred name _____ Email _____

Address _____

Phone () _____ Emergency Contact _____ Phone () _____

Birth Date ____ / ____ / ____

Month Day Year

Age _____ Height _____ Weight _____

Driver's License Number _____ State ____ Currently Valid? _____

Do you have a Food Stamp (EBT) card? ____ Unemployment? ____ Disability? ____

What addictive substances have you used? _____

What did you use last? _____ When? ____ / ____ / ____

Do you smoke? _____ Month Day Year

Marital status? single married separated widowed divorced engaged living together

Wife's name _____ Phone () _____

How many children do you have? _____ Age _____

What child support issues do you have? _____

Reading ability excellent average poor non-reader High school graduate? _____

Education beyond high school _____

What working skills do you have? _____

What pending legal matters do you have? _____

Attorney _____ Phone () _____

Probation officer _____ Phone () _____

How much time have you spent in jail and/or prison? _____

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I am committed to completing the **one year** program

I agree to this requirement:

Yes No

Personal reference _____ Phone () _____

Email _____

Program fees:

Due before/at entry: \$750 total (\$150 entry fee plus first 4 weeks of residency)

Beginning in 5th week: \$150/week for the remainder of the program

I agree to this requirement: Yes No

This money is not refundable.

Current medical issues and medications: _____

What, if any, anti-depressants do you take? _____

** If you have insurance coverage, please bring the card or necessary information.

Describe your relationship with Jesus Christ:

Describe why you wish to enter a recovery program:

Read the following statements before signing:

1. **I have read** this entire application and have provided truthful and accurate information about myself.

2. **I understand** that my acceptance into the program **requires** a phone interview.

Signed _____ Date _____

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Resident and Personal Reference Agreement

For the Resident

Place a check mark in each box to indicate your agreement and sign below.

- I have accepted Jesus Christ as my Lord and Savior or I am willing to consider it.
- I am coming to Freedom Farm of my own free will in order to grow in my relationship with Jesus Christ.
- I have made arrangement for the entrance fee and weekly program fees to be paid until I begin making the weekly payments myself, which typically takes 3 – 4 months after arrival.
- I am willing to complete the one-year Freedom Farm Ministries program.
- I understand I will be dismissed from Freedom Farm if either my actions or my attitudes prove to be contrary to the Freedom Farm Ministries' rules.
- I understand I will be required to participate in daily work projects while in the Freedom Farm Ministries program. Work projects are designed to build discipline and responsibility.
- I authorize Freedom Farm Ministries to use any photos or videos of me for promotional use and to use any statements made by me for marketing or any other ministry purpose.
- I indemnify Freedom Farm Ministries from any legal action against it by me or by my representatives.**

Signed _____ Date _____

Name (neatly printed) _____

For the Personal Reference

I recommend (Resident) _____ to Freedom Farm as someone I am convinced wants to grow in his relationship with Jesus Christ.

I am willing to come and pick up (Resident) _____ if he should leave the program, get too sick to continue or if he is dismissed from the program for any reason.

Signed _____ Date _____

Name (neatly printed) _____ Phone (_____) _____

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Financial Sponsor Agreement

By signing this agreement, I _____ agree to financially sponsor (Resident)

As the financial sponsor, I agree to:

1. Pay the \$750 non-refundable program entry fee for the resident. This fee is due upon arrival.
2. Pay the weekly program fees of \$150 per week beginning the fifth week after the resident's entrance into the program. I will continue to pay these fees until the resident retains a job, establishes a bank account and arranges to pay program fees on his own behalf.
3. Failure to pay the weekly program fees may result in the resident being dismissed from the program.

Weekly fees must be paid by either an automatic, recurring electronic draft from a checking or savings account or an automatic, recurring charge to a debit or credit card. Cash and check will not be accepted.

Authorization to collect weekly fees via automated, recurring bank draft, debit or credit card.

Weekly fees will be drafted/charged every Friday.

Attach a voided check to authorize an automated, recurring EFT draft from your checking account.

Credit/Debit Card # _____

Exp Date _____ Security Code _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

I authorize Freedom Farm Ministries to draft my account/charge my credit/debit card in the amount of \$150 per week.

Signature _____