JUMPSTART MINISTRIES APPLICATION FOR ADMISSION

Date:
Name:
Age:
Date of Birth:
There is a \$600 entry fee, do you have it? Yes No
Occupation:
Current Address (Street, City & Zip)
Where were you raised?
Phone(s):
Email:
Marital Status: Single Married Divorced Separated
Spouse's Name:
How Long Married?
Children (Names & Ages):
Do you have any child support of DHS Cases Open at this time? Yes No
Drug of choice:
Drug route or way used:
When Drug Use Began:
Are you a born again Christian? Yes No If born again, how long?
What is your denomination?
What is your pastor's name?
Are you willing to seek Jesus Christ as The Answer to all your problems? Yes No

Do you have criminal cases pending? Yes No
Is so, what city, county and state?
Do you have an attorney? Yes No
If so, what is their name and contact information:
Please list all changes:
List names and numbers of Parole, Probation, Bail Bondsmen:
Have you ever been convicted of sex crimes? Yes No
Do you have health insurance? Yes No
If so, please list all:
Are you currently taking medication? Yes No
If so, please list all and dosage:
Have you tested positive for sexually transmitted diseases such as: HIV, Hepatitis? Yes No (We do not discriminate.)
Do you smoke? Yes No If so, how much and how long?
Do you dip or chew? (We strictly prohibit on or off Jumpstart properties at all times.) Yes No
Do you receive any monthly benefits such as: Pensions, Retirement, SSI or Disability? Yes No
If so, how much?
Can you or a family member provide funds for transportation to and from your scheduled court appearances and/or appointments? Yes No
Please provide emergency contact information – including name, relationship, phone number and address: