

New Vision Outreach Application

Last First		First		Middle		
Phone	Email			-		ngle Divorced Widow # Brothers/Sisters:
Date of Birth	Age	Place of	Birth	City, Sta	ate	
Address			City	State	Ziį	D
Oriver's License #		State				
State ID #		State				
mergency Conta	act Informatio	n:				
ame			Relationship		Phone	
ddress arents Names (if Li	ving):		City	Parent's Martial Status	State: Married S	Zip Single Divorced Widowed
rent's Address			City		State	Zip
/ork History:						
Occupation: Company Name:_						
Address:		State:	Zip:			
Occupation: Company Name:_ Address:				Start/End Date:		
City:						
Company Name:_ Address:				Start/End Date:		

Work History (cont.) Are you currently working?YN # of Jobs in the last 5 years Preferred Type of Work:						
Military Experience: Are you a veteran?YN Branch of Service: Highest Rank: Years of Service: Discharge Date: Discharge Type: Were you ever court Martialed?YN						
Medical Information: © Excellent © Good © Fair © Poor © Declining Height: Weight: Weight: Any recent changes in Weight?YN						
Ever tested positive for a venereal disease?YN Last Date Tested for: HIV Hep C TB Are you currently taking any prescriptions or over the counter medications?YN Have you ever suffered depression?YN Have you ever considered suicide?YN Have you ever attempted suicide?YN Have you ever been treated for any psychiatric illness?YN						
Alcohol/Drug Use History:						
Please list any rehabilitation centers you have attended: Name: Dates Attended: Completed?						
What is your drug(s) of choice)?						
At what age was your first drinking/drugging experience?						
How has your drinking/drugging pattern changed to now?						
When did you last drink or get high?						
What did you drink/use?						
Is there any other information about your drug or alcohol use that you wish to share?						
Criminal History:						
Number of times arrested?						
Please list from the newest to oldest all charges, date of arrest, and time served for each:						
Charge: Date of Charge:						
Time Served:						
Have you ever been charged with any sexual crime?YN Are there any charges pending against you at this time?YN						
Are you currently on probation/parole?YN						
Patrol Officer: (Name and Contact info):						

Spiritual Background:		
What is the church affiliation?		
How often do you read the bible?		
How often do you pray?		
	ve you been Baptized?YN	
Personal References:		
Please provide 3 personal character re	eferences (at least one from a minister or church staff)	
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

