



# The Ark Dothan

WWW.THEARKDOTHAN.ORG | 334-794-7223 | 475 WEST MAIN ST., DOTHAN AL 36305



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## Ark Dothan Inc. Discipleship Program Admission Application

Resident # \_\_\_\_\_ Mentor \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name Nick Name

\_\_\_\_\_  
Address City State Zip County

Phone Number: \_\_\_\_\_ Birth Date: mm/dd/yy \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip County

Do you have a valid driver's license? Yes No Number \_\_\_\_\_ State \_\_\_\_\_

Race: African American Caucasian Hispanic/Latino Native American

Asian/Pacific East Indian Other

Marital Status: Single Married Divorced Engaged Separated Widowed

Education: Do you have your high school diploma? Yes No

If not, do you have your GED? Yes No

If you have any other higher education or certifications, please list here: \_\_\_\_\_

\_\_\_\_\_

Military Service:      Yes      No      Branch \_\_\_\_\_ Highest Rank \_\_\_\_\_

Honorably Discharged:      Yes      No

Do you have any spiritual beliefs?      Yes      No

Do you have any spiritual beliefs?      Yes      No

What is your religious preference? AOG, Atheist, Baptist, Buddhist, Catholic, Christian, Church of Christ, Episcopal, Evangelical, Hindu, Jewish, Jehovah's Witness, Methodist, Mormon, Muslim, Non-Denominational, No Religion, Pentecostal, Presbyterian, Protestant, Roman Catholic, Seventh Day Adventist, Wicca, Other, Unknown.

(Please list ONLY one): \_\_\_\_\_

Are you a member of a church:      Yes      No If yes, name of church \_\_\_\_\_

How did you hear about the Ark? \_\_\_\_\_

Have you ever been a resident at the Ark?      Yes      No If yes, when? \_\_\_\_\_

Have you been in a prior rehab?      Yes      No If yes, where? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Do you have income of any kind?      Yes      No

If yes, list any and all sources of income and amounts: \_\_\_\_\_

Are you receiving any government assistance of any kind?      Yes      No      (Indicate all that apply):  
Food Stamps      Housing      Medicaid      SSI      Disability      Other

Have you ever been arrested or in jail?      Yes      No

Are you currently incarcerated?      Yes      No.

If yes, for what? How much time have you served and what is the remainder of your sentence?

\_\_\_\_\_

List your convictions and dates:

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Have you ever been convicted of a sexual offense?      Yes      No  
If yes, describe the charge you were convicted of and where.

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Have you ever been or are you currently affiliated with a gang or brotherhood?      Yes      No  
If yes, which gang/brotherhood and when?

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Physical Condition:      Poor      Fair      Good

List any physical impairments \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

When did you last use drugs/alcohol? \_\_\_\_\_

Reason for Needing Help: Briefly state the reason(s) you are asking the Ark Dothan Inc. to help you. List any/all addictions and/or problems you may have and how long you have had them.

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**I certify that the answers in this application are true and complete to the best of my knowledge. I certify that I am of sound mind and I am of legal age to enter this agreement.**

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Signature of Applicant

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Date

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