



The Ark Dothan

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



Ark Resident Discipleship Covenant Agreement: “The Exchanged Life”

Ark Discipleship Program

Please read the following before applying for acceptance and residency. If you agree with this covenant please sign the end of this form and return this agreement to the front desk of the Ark.

Our discipleship approach consists of a Christ-centered spiritual/educational perspective. It is geared toward leading individuals to live by faith, trusting in Christ as their Lord and Savior and teaching them to grow in their relationship with Him.

The Ark’s Discipleship Program is based on a perspective referred to as “The Exchanged Life” or “Christ-As-Life.” When an individual participates in this discipleship program, it is expected that his desire is to mature in Christ and know Him more intimately.

A specific process is involved in this discipleship for individuals. It begins with a personal history including a mental, emotional and physical assessment. This requires a criminal background check and drug screening by law enforcement officials. Failure of initial drug screening will not necessarily exclude you from acceptance into the program, provided that you are honest when filling out the application for acceptance.

Those who participate in the discipleship program are required to make a one year commitment and take part in all program activities defined as follows.

First six months you will not be allowed to be employed outside of the Ark. You will not earn money at this time, however the Ark will provide all of your basic needs. It also requires that you attend daily Bible studies, group sessions and church services. Each of these may require daily and weekly homework that

must be completed. You will be expected to participate in daily work details, both inside and outside of the Ark facility.

Second six months is a transitional period where you will be expected to find employment and pay program fees. You will be trained in budgeting and finance and interviewing skills. You will be required to save the majority of your earnings with Ark to be used establishing your new life outside the Ark when you leave the program. During this time you will be expected to attend Bible studies, group sessions and church services.

This is a voluntary program and you may leave the program at any time. You may be asked to leave at any time at the discretion of the Ark staff.

I have read and understand the conditions of participating as a resident of the Ark and I agree to the expectations listed above.

Signature _____

Printed Name _____ Date _____



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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: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+ (indicate last year completed) _____

Military Service: Yes No Branch _____ Highest Rank _____

Honorably Discharged: 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
(Check all that apply): Food Stamps Housing Medicaid SSI 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:

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

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.

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.

Signature of Applicant

Date