

**SAFE Family Ministries  
Application for Residency**

Return Completed Application to the following:

**SAFE Family Ministries**

**P.O. Box 935**

**Chehalis, WA 98532**

**360-740-9150**

Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Driver license # \_\_\_\_\_ Birth Certificate: Yes/No

Present Location \_\_\_\_\_ How Long? \_\_\_\_\_

Expected Release Date \_\_\_\_\_

Referred By: \_\_\_\_\_ Referral contact phone \_\_\_\_\_

**Personal History:**

Hobbies: \_\_\_\_\_

Do you have family in Lewis County? Yes/No

Do you have a religious affiliation? Yes/No If yes, what? \_\_\_\_\_

Are you a member of a church? Yes/No

If yes, Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

**Marriage(s)**

Marital Status: (Circle one)

Married / Divorced / Separated / Widow / Single / Live together / Partner

Date of Marriage \_\_\_\_\_ Length of Marriage \_\_\_\_\_

Spouse's Location (Include address, City, State and Zip Code)

\_\_\_\_\_

Divorce / Separation \_\_\_\_\_ Death \_\_\_\_\_ Date \_\_\_\_\_

**Children** Girls \_\_\_\_\_ Ages \_\_\_\_\_ Boys \_\_\_\_\_ Ages \_\_\_\_\_

Do you plan to bring your children to SAFE? \_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_ Name of School: \_\_\_\_\_

City/State \_\_\_\_\_

GED \_\_\_ Y \_\_\_ N Vocational Training/Certificates: (Please list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Job skills: \_\_\_\_\_

\_\_\_\_\_

What kind of work do you enjoy most: \_\_\_\_\_

What kind of work do you enjoy least: \_\_\_\_\_

**Application page 2**

Current or Last Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Duties: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Date Job Started: \_\_\_\_\_ Date Job Left: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Legal Issues:**

Do you have any convictions on your record? Yes/No

Are you currently on Parole or Probation: Yes/No

Name of Probation Officer: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Parole Officer \_\_\_\_\_ Phone # \_\_\_\_\_

Were there any money judgment against you when you went into prison?

\_\_\_\_\_  
(Examples include but are not limited to – tickets, child support, credit cards, loans, electric, phone company etc.) – If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Do you have any other unpaid fees, restitution, etc. Yes/No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
(Be Specific) \_\_\_\_\_

**Financial Responsibility: Non-refundable program entry fee \$325.00**

Please list your sources of income to cover your program fees

DSHS: \_\_\_\_\_

SSI: \_\_\_\_\_

Work: \_\_\_\_\_

Church: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Other: \_\_\_\_\_

\*Program fees will be determined based on each individual's ability to pay.

**Medical Information:**

Are you currently on any medications? If so, please list

\_\_\_\_\_  
\_\_\_\_\_

What are the medications for?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently being treated for any medical problems? Yes No

**Application page 3**

If Yes Please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been tested for:

Hepatitis A Yes No

Do you have Hepatitis A, B, or C, Yes No

Hepatitis B Yes No

If Yes please circle one

Hepatitis C Yes No

Do you or any of your family members have /or have had any of the following disabilities?

Severe Mental Illness

Chronic Substance Abuse

HIV/AIDS  Both Severe Mental Illness and Chronic Substance Abuse

Other Have you ever been diagnosed/with or treated for a mental illness? Yes No  
yes, explain: \_\_\_\_\_

Have you ever been tested for HIV?  Yes  No

In the last ten years have you had a medical diagnosis of or have you received medical treatment for acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC). HIV or any disorder of the immune system?  Yes  No

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Do you have a history of drug or alcohol use?  Yes  No If yes what is your drug of choice? \_\_\_\_\_ What other street drugs have you used?

**Sexual History:**

History of Sexual Violence? Yes No (circle)

Incest \_\_\_\_\_

Assault \_\_\_\_\_

Harassment \_\_\_\_\_

Rape \_\_\_\_\_

Other \_\_\_\_\_

Please give the reasons why you would like to be considered for residency at SAFE Family Ministries. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your goals for your next year:

\_\_\_\_\_  
\_\_\_\_\_

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**Application page 4**

If I am accepted for residency in SAFE Family Ministries program, I \_\_\_\_\_ agree to follow the current rules and guidelines of SAFE Family Ministries. (See the sample copy of program guidelines elsewhere on this website.)

I \_\_\_\_\_ agree to allow information gathered herein to be used as deemed necessary and appropriate by SAFE Family Ministries staff, employees and encouragers for their ongoing ministry whether I am accepted or not. The information provided herein shall become the property of SAFE Family Ministries. While efforts will be made to keep information confidential there is no guarantee this will be achieved and you agree to hold harmless SAFE Family Ministries, its board members, staff, employees and ministry encouragers.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Received by: \_\_\_\_\_ DATE \_\_\_\_\_

SAFE Family Ministries

When a resident leaves SAFE Family Ministries, all items left will become the property of SAFE Family Ministries after 72 hours. Items will be donated to Goodwill or other charity. Sign: \_\_\_\_\_

Revised 12/15/15

## MEDICAL INFORMATION SHEET

NAME \_\_\_\_\_

CURRENT MEDS:

_____	_____
_____	_____
_____	_____

BIRTH DATE \_\_\_\_\_ S.S. # \_\_\_\_\_

PREVIOUS SURGERIES:

_____	_____
_____	_____

ALLERGIC REACTONS:

_____	_____
_____	_____

MEDICAL CONDITIONS:

_____	_____
_____	_____

COMMENTS:

_____	_____
_____	_____
_____	_____
_____	_____

**SAFE Family Ministries**

**Background Check Agreement**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Your signature below states that all the above information is true and you agree to authorize SAFE Family Ministries to run a Criminal Background Check on you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAFE Family Ministries  
*Waiver and Release of Liability*

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In consideration of the risk of injury while participating in intervention services (the Safe Program), and as consideration for the right to participate in the program, I hereby, for myself, my heirs, executors, administrators, assigns or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the program, and do hereby release and forever discharge SAFE Family Ministries, located at 3249 Jackson Highway, Chehalis, Washington 98532, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned program including traveling to and from an event related to this program.

I am voluntarily participating in the aforementioned program, and I am participating entirely at my own risk. I am aware of the risks associated with traveling to and from, as well as participating in this activity, which may include, but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the program location(s). Nonetheless, I assume all related risks; both known or unknown, to me of my participation in this activity including travel to, from, and during this activity.

I agree to indemnify and hold harmless SAFE Family Ministries against any and all claims, suits, or actions of any kind whatsoever for liability, damages, compensation of otherwise brought by me or anyone else acting on my behalf. If SAFE Family Ministries incurs any of these types of expenses, I agree to reimburse SAFE Family Ministries.

I acknowledge that SAFE Family Ministries and their Directors, Officers, Volunteers, Representatives and Agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of SAFE Family Ministries.

I acknowledge that this activity may involve the test of a person's physical and mental limits and may carry with it the potential for death, serious injury and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others including, but not limited to participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I acknowledge that I have carefully read this *Waiver of Release* and fully understand that it is a release of liability. I expressly agree to release and discharge SAFE Family Ministries and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against SAFE Family Ministries for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of SAFE Family Ministries, its agents employees and volunteers.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect, or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This agreement was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the participant, \_\_\_\_\_ and SAFE Family Ministries agree that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.

In the event of an emergency, please contact the following person(s) in order presented:

<u>Emergency</u>		
<b>Contact</b>	<b>Relationship</b>	<b>Telephone</b>

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this release of liability is a contract and that I am signing it of my own free will.

**Participant's**  
**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant's Address/Phone**  
**Signature** \_\_\_\_\_

**Participant**  
**Revisited** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature** \_\_\_\_\_



***Parent/Guardian Waiver for Minors***

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above and do hereby give my consent without reservation to the foregoing on behalf of this individual.