

Kelowna's
Gospel Mission

Men of Destiny Application Form

Application to Kelowna's Gospel Mission Men of Destiny Drug & Alcohol Recovery Program

Please Print.

DATE: _____

NAME: _____ AGE: _____ D.O.B. _____
Month Day Year

ADDRESS: _____ Phone #: _____

CITY: _____ POSTAL CODE: _____

SOC. INS. NO: _____ CARE CARD NUMBER: _____

FAMILY DOCTOR: _____ PHONE: _____

LIST MEDICATIONS YOU TAKE AND ALLERGIES YOU HAVE: _____

_____ (continue on back if you need more space)

ARE YOU ON A METHADONE MAINTENANCE PROGRAM? _____

DRUG OF CHOICE: _____

REFERRED HERE BY: _____

WHO DO YOU CONSIDER TO BE YOUR NEXT OF KIN:

Name: _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

Telephone: (_____) _____
area code

List all other professionals (e.g. parole officer, counsellor) you are currently involved with:

Name: _____ Title: _____ Phone: _____

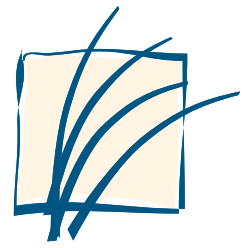
Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Explain your reasons for coming to the KGM Recovery Program at this time: _____

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Men of Destiny Application Form (cont.)

Voluntary Medical Info:

Do you have any of the following medical conditions?

HIV Hep C Tuberculosis Liver Problems Heart Bi-polar Mental Illness

Do you have any other chronic medical condition? _____

Are you able to participate in work duties? _____

Are you currently taking any medication? If no, have you taken within the past year? _____

Please list any counselling or psychiatric treatment you have received in the past: (name of agency, counsellor, psychiatrist, mental health worker and diagnosis; reason for care)

Have you ever had thoughts of harming or killing yourself? _____

When do these thoughts occur? _____

Do you have these thoughts now? _____

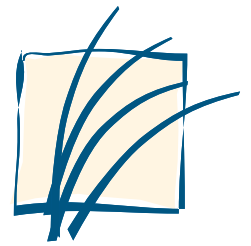
What has been your primary source of income during the last 6 months? _____

If working, what type of job was it? Is it a job you would like to continue doing? If not, what would you like to do? _____

Describe your current living situation and are you satisfied with it? _____

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Do you have any outside problems or issues that might prevent you from completing the program?
(relationships with partner, parents, kids, money, job, home, etc.) _____

Describe any concerns you may have about your relationship with family and/or friends: _____

Have your family and/or friends influenced you to seek recovery? If so, how? Are they supportive of you
being in recovery? _____

Where do you go for personal support? _____

List any current activities, interests, and hobbies you are involved in: _____

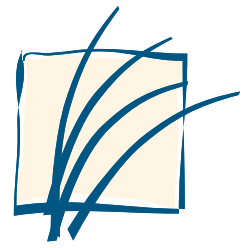
Do you currently have a religious/spiritual affiliation? If so, what is it? If not, have you in the past? _____

What was the highest grade you completed in school? Have you received any additional training? Are
you interested in continuing your education? _____

Describe how you express your anger: _____

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Men of Destiny Application Form (cont.)

Do you have any current legal charges, court dates or on probation? If yes, please list. _____

SUBSTANCE USE HISTORY

When was the last time you used prescription or street drugs or alcohol? _____

Describe how your substance misuse has affected your physical, emotional, and spiritual health: _____

Have you attended any substance abuse education programs, any substance abuse treatment programs, or AA, NA, etc? When, where, etc.: _____

What are the reasons for your continuing use? (Give personal examples)

➤ Relieve negative feelings/emotions (i.e. loneliness, anger, sadness, fear, anxiety, etc) _____

➤ Pleasure (i.e. fun, sex, etc) _____

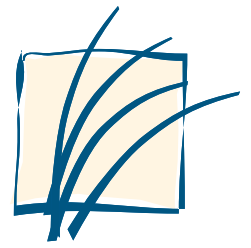
➤ Self-medicate (i.e. reduce physical pain, help sleep, mental health issues, etc.) _____

➤ Social pressure (i.e. feel part of the crowd, friends, talk with strangers, etc.) _____

➤ Any other reason that may not be listed above _____

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Men of Destiny Application Form (cont.)

Have you tried to manage the problems mentioned above without using drugs/alcohol? If so, describe how you have done this. _____

Where do you use most often? With whom do you use most often? _____

When are you least likely to use? (i.e. times of day, around certain people, etc.) _____

Do you act differently when you are using? If so, how. (Be specific) _____

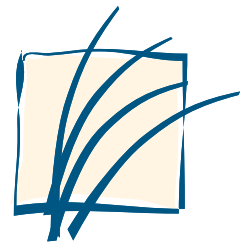
What is the longest period of time that you have gone without using drugs or alcohol? When was this?

What were you doing? What was helpful and useful to you during this time? _____

What resources, strengths, abilities, and support systems do you have in place that would help you in making positive lifestyle changes? _____

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Men of Destiny Application Form (cont.)

I, _____ being in need of help, ask to be admitted to the
(PLEASE PRINT) Kelowna's Gospel Mission Men's Recovery Program.

Signed this ____ day of _____, 20__

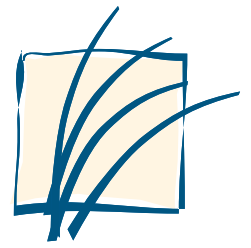
Signature: _____

Intake Worker: _____

FOR OFFICE USE: Date Accepted: _____ Sobriety/Clean Date: _____

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Men of Destiny - Release Form

I understand that the Kelowna's Gospel Mission Recovery Program, "Men of Destiny"

is operated by the Kelowna's Gospel Mission, a non-profit Society with limited resources. I am aware that participation in the Program includes a minimum of four hours of assigned work duties and other activities. I agree that if I participate in the Program and I am doing so voluntarily and at my own risk.

In consideration of the foregoing, and of the agreement by the Society to accept me in the Program, I hereby release the Society, and its officers, directors, employees, agents and volunteer workers, from liability for any and all injury, harm, loss, or damage which I may suffer or incur as a result of or arising from my participation in the Program, including injury, harm, loss or damage caused by or contributed to by the negligence of the Society, or its officers, directors, employees agents or volunteer workers.

I also understand that I am primarily responsible for my recovery and healing, and that I hereby have chosen to be at the Kelowna's Gospel Mission to participate in the Program for this purpose. Therefore, I hereby release the Society and its counsellors and teachers from any liability or responsibility for consequences resulting from my attendance of courses, counselling, and/or prayer ministry sessions. I further acknowledge and understand that confidentiality at the Kelowna's Gospel Mission means any information written, spoken or otherwise will be kept in confidence among staff at the Kelowna's Gospel Mission and divulged only with the permission of the client. The staff work as members of a team and therefore have my permission to discuss my progress with team members.

I understand that the program of the Kelowna's Gospel Mission requires me to be physically able to participate. If I have any persistent medical problems as defined by the Kelowna's Gospel Mission leadership I may be asked to leave.

I am aware that my person and all my belongings will be searched upon arrival at the Kelowna's Gospel Mission and that I may be subject to search at anytime. I am also aware that I may be drug tested at any time during the program.

By signing below I acknowledge that I have read, understood and accepted the above statements, and that non-compliance could result in discharge.

Accepted by: _____ Date: _____
(Your Signature)

Witnessed by: _____ Date: _____
(Staff Signature)

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