



SCHOOLS *of* DISCIPLESHIP

APPLICATION

STEP 2

RUHOMES.ORG



SCHOOLS *of* DISCIPLESHIP

RU RECOVERY MINISTRIES MEN'S AND WOMEN'S SCHOOLS OF DISCIPLESHIP

Dear Friend,

Thank you for your interest in the RU School of Discipleship. I trust that this packet will answer your questions regarding the program.

Our mission is to train and empower men and women to live victorious Christian lives, enabling them to have permanent victory from any and all crippling sins. Let me say this, our program is hard and we are very serious about this ministry. However, if you are serious about changing your life for the glory of God and willing to learn to let God do the work, we can help you. Remember this, the only permanent change is change that comes from within: and this is a change that only God can do. So, with the discipline of structure, your determination to complete the program, and the wonderful grace of God... victory is possible! We will introduce you to all three while in our homes.

In order to be considered for enrollment, you must follow each of these steps in their entirety:

1. Fully read and understand Program Requirements. (Step 1)
2. Fax Application Packet. (Step 2)
3. Fax Supporters Agreement. (Step 3)
4. Call to complete phone interview. This will take place once the application is received and reviewed within 24 hours.

You must personally seek help. No second party requests will be considered after the application is received. Our schools boast a success rate that is unparalleled in comparison to secular addiction programs. We represent one of the most successful, if not the most successful, method in America. We do so at a cost far less than other comparable or reputable programs. Once again, thank you for your interest in the RU School of Discipleship. If God leads you to this ministry, we will join with you in a commitment to rebuild a life that has true freedom found only in Jesus Christ!

Sincerely Yours,

Dr. Paul Kingsbury
RU Recovery Ministries Co-Founder

I. PERSONAL INFORMATION

First Name		Last Name		Middle Initial
Home Address				
City	State	Zip	Phone	
Age	Date of Birth		Social Security #	
Occupation	Business Phone		Can you read and write? Y / N	

Person Responsible for your Monthly Support

Name				
Billing Address				
City	State	Zip	Phone	

Person to be Contacted in Case of Emergency

Name				
Home Address				
City	State	Zip	Phone	

II. MARRIAGE AND RELATIONSHIPS

Complete this section if you have ever been married or had children. If you have never been married and have no children, proceed to Section IV.

Name of Spouse:				
Spouse's Address				
City	State	Zip	Phone	
Age	Occupation		Marriage Date	
Have you ever filed for divorce? Y / N		Do you have any previous marriages? Y / N		
If you have been married before, how many times?				
Give brief information about any previous marriages:				
Please list the following for each of your children: Name, age, gender, and martial status				

III. LEGAL INFORMATION

Have you ever been arrested or in jail? Y / N		Where?	
Charges			
Time Served		Are you on <input type="checkbox"/> Supervision <input type="checkbox"/> Parole <input type="checkbox"/> Probation	
Name of your parole / probation officer			
Address			
City	State	Zip	Phone
Do you have any pending court cases? Y / N		If yes, give details	
NOTE: You may be obligated to reschedule court dates when you are accepted into the home.			
Have you ever been convicted of sexual misconduct? Y / N			
Have you ever been convicted of a violent crime, including simple assault? Y / N			
Do you have to register your residence with any entity whatsoever? Y / N			
If yes, why?			
NOTE: An answer of YES to the previous four questions does not necessarily disqualify you from our home; however, you may be obligated to give details in your phone interview.			
Do you have a valid driver's license? Y / N		State Issued:	License #:
Do you have a State ID? Y / N		Do you have a Social Security card? Y / N	
Are you a US Citizen? Y / N			
NOTE: A State-issued photo ID and Social Security card (or birth certificate) are required upon entrance into the home.			
Are you currently receiving any kind of government assistance? Y / N			
If yes, please check all that apply: <input type="checkbox"/> Food Assistance <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Medicaid or State funded medical insurance <input type="checkbox"/> Disability			
If you checked "Disability", what is your disability?			

IV. HEALTH INFORMATION

Rate your physical health: <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Declining	
Height:	Weight:
List any current physical handicaps or physical limitations which would impact your volunteer position:	
If you have any medical conditions that require regular visits to your doctor, list the reasons and how often you need to be seen:	
Are you presently taking medications? Y / N	
List the medications:	

Do you anticipate needing this medication while you are in the program? Y / N				
If accepted, can you get enough medication to complete the program? Y / N				
Have you ever used prescription drugs for non-medical purposes? Y / N				
If yes, list all prescription drugs and approximate dates and length of use:				
Have you ever been hospitalized for severe emotional breakdown? Y / N				
If yes, why?				
Where?	How long?	Discharge Date?		
Have you ever had any psychotherapy or counseling? Y / N				
Counselor/Therapist dates and reason:				
Circle all of the health issues you have or have had in the past:				
Tuberculosis	AIDS	STD	Poor Eyesight	Hearing Loss
Colitis	Pneumonia	Leukemia	Bronchitis	Cirrhosis
Anemia	Toothache	Kidney	Glaucoma	Backache
Blackouts	Hepatitis A	Thyroid	Ulcers	Epilepsy
Cancer	Hepatitis B	Prostate	Arthritis	Diabetes
Mental Illness	Hepatitis C	Depression	MRSA	Hypoglycemia
This is a work therapy program that requires you to volunteer up to 45 hours per week. Are you in any way unable to volunteer while in our program? Y / N				
If yes, please explain why:				
Do you have any existing dental problems? Y / N				
WE ARE NOT A MEDICAL FACILITY: If your health requires you to see a doctor on a regular basis or more than twice a month, this program may not be for you. We have no medical staff on site and are limited to simple first-aid. In case of emergency we will take you to a local hospital, and in the case of a legitimate acute illness, we will be able to take you to a local clinic to see a health care professional. If doctor appointments become required on a frequent basis, you may be subject to a medical discharge from the program.				
Do you understand that we are NOT a medical facility? Y / N				
List all addictions and/or behavioral problems you are experiencing that have caused you to apply to our home:				
Have you ever thought about or tried to commit suicide? Y / N				
If yes, please explain:				

IV. WORK AND EDUCATION

Work History

In the spaces below, please describe your previous employment, beginning with most recent

Employer:	Position/Title:
Manager/Supervisor:	Company Phone:
Company Address:	

Employer:	Position/Title:
Manager/Supervisor:	Company Phone:
Company Address:	

Employer:	Position/Title:
Manager/Supervisor:	Company Phone:
Company Address:	

What skills do you have? (circle any that apply)

Phone Skills Office Skills Computer Skills If yes, which computer programs: _____

Typing Skills If yes, how many words per minute? _____ Filing Experience Carpentry

Electrical Machine Shop Construction Auto Mechanic Janitorial

Other: _____

Are there any problems that would restrict or limit your availability to do manual labor or office clerical work? **Y / N**

If yes, please explain in detail?

Education

Did you complete Grade School? Y / N	If so, what year did you finish?
Did you complete High School? Y / N	If so, what year did you finish?
Did you attend college? Y / N	If so, how many years did you attend?
Did you attend a trade school? Y / N	If so, how many years did you attend?

RELEASE OF CRIMINAL CONVICTION RECORDS

I, the undersigned, do hereby authorize RU to examine any and all criminal records and arrests on file in the counties in the state of which I have convictions. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history to the staff of RU alone. I further agree to, and understand that RU will be using a private company to investigate all information given in this application. RU will be conducting a Motor Vehicle History Report and an extensive Criminal Background Check. The total cost of the investigation will be \$40.00.

I have convictions in the following counties and states:

County/State: _____

County/State: _____

County/State: _____

Print Applicant's Name

Driver's License Number

Social Security Number

Street Address

City

State

Zip

Signature

Date

DRUG SCREEN AUTHORIZATION AND CONSENT

I authorize and give full permission to have RU and/or their selected physician send a specimen of my urine and/or blood for a screening test for the presence of illegal drugs, alcohol, tobacco, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error.

I understand this is a legal binding document, which is binding because RU is sending me for the examinations and paying for them.

I UNDERSTAND RU WILL REQUIRE A DRUG SCREEN TEST AT RANDOM OR WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH RU POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO DRUG TESTING OR A POSITIVE RESULT WILL BE GROUNDS FOR TERMINATION FROM MY EMPLOYMENT AND TENANCY IN THE DISCIPLESHIP PROGRAM.

Signature _____ Date _____

Print Name _____

FOOD ASSISTANCE RELEASE

I, _____, understand that I may be asked to visit the local Department of Human Services office to evaluate my eligibility for food assistance. I recognize that I am to do this so that I may offset the costs of my food while in the program

IMPORTANT* If you or any of your dependents have an active assistance case open in your name in your home state (other than Illinois) you must inform the admissions coordinator with whom you are working and disclose it on the application where asked. By signing below, you agree to adhere to all of the aforementioned stipulations.

Signature _____ Date _____

Print Name _____

RU Work Therapy Program (RUWTP)

Statement of Student Residential Applicant

I hereby acknowledge and agree to the following terms and conditions of acceptance into the RU Rockford, Illinois, School of Discipleship and residency program:

1. The RU Work Therapy Program (RUWTP) requires each student trainee to perform volunteer community service of up to forty (40) hours per week. The purpose of the RUWTP is to therapeutically develop in each student trainee a sense of responsibility, accomplishment, and a sound work ethic to equip him/her for reentrance into the workforce as a productive citizen. A student trainee's community service may include volunteer community service at either: the RU residential facilities; North Love Baptist Church and Christian school and offices; and/or, the locations and facilities of any of RU's business partners.

2. I understand that under no circumstance can the School of Discipleship be under any obligation to me, and that I am a beneficiary and not an employee of the School of Discipleship, North Love Baptist Church and/or any of RU's business partners. I also understand that I will not receive any compensation for this student trainee voluntary community service.

3. I understand that I am not applying to the School of Discipleship for employment, but to the contrary, my application is for help in recovering from my sinful habit(s). Furthermore, I understand and acknowledge that the work that I perform while a student trainee in the RUWTP is much like that of an academic training internship without pay, and has been designed for my long term recovery and is not being performed for wages.

4. I understand that if I fail to perform RUWTP assignments dependably, and to the best of my ability as unto the Lord, I may be subject to levels of disciplinary action, up to and including termination from the School of Discipleship.

5. I understand that any accidental bodily injury incurred by me while fulfilling my work therapy assignments will not qualify me for a Workman's Compensation claim. However, depending on the circumstances surrounding the injury, medical expense coverage may be available through RU. But in the event no such coverage is available, I hereby accept full responsibility for any and all medical expenses that I may incur.

6. Physical Limitations: RU must be notified of any and all physical limitations pertaining to work therapy. Any limitation does not exempt a student from work therapy requirements, but will help RU when finding a place for the student to serve. I am fully aware that if I refuse to work or am unable to remain employed due to poor work ethic, bad attitude, or egregious behavior that I cannot remain in the home.

Print Applicant's Name

Applicant's Signature

Date

Print Witness' Name

Witness' Signature

FINAL APPLICATION SIGNATURE PAGE

I recognize my need for help and I am therefore applying for admission to RU School of Discipleship. I understand that RU is a Christian organization and is dedicated solely to the spiritual regeneration and social rehabilitation of people with behavioral problems.

I have carefully read and understand all of the rules of the RU Discipleship Program. If accepted into the program, I agree to keep all of the rules and regulations of the ministry. I understand that any flagrant or repetitive violation will be grounds for my dismissal from the program.

I understand that my admission to the program and my continued residence is dependent upon my willingness to restructure my life to conform to biblical Christianity, to learn to live a victorious Christian life, and my willingness to help myself, including chores and duties as may be assigned to me.

I agree that should any incident occur involving personal injury to myself, or loss, or damage to my property during my residence at the RU Discipleship Program, to hold RU International, N.F.P. harmless from any and all liability in connection therewith.

I authorize investigations of all statements contained in this application as may be necessary in arriving at an admissions decision. I understand that false or misleading information given in my application or interview may result in my termination from the program.

In the event that I quit the program and leave the RU School of Discipleship before graduation, I understand that RU is in no way responsible to provide me with transportation from the discipleship schools to any location. I understand that RU is also not entitled to provide any refund whatsoever. I further understand that if I were to leave the discipleship schools without completing the program, I must take all of my belongings with me, as I will not be permitted to return to the property. **RU will not be responsible for storage or shipment of any of my personal belongings.**

I certify that the answers given in this application are true and complete to the best of my knowledge.

Applicant's Signature

Date

Witness' Signature

Date