Greater Hayward House of Hope
Program Participant Application

Personal

Application Date:________________Short stay of full program? (3 months __) (6+ months __)

First Name______________________MI_______Last Name__________________________

Street Address__________________________________City__________________________

State______Zip____________Email Address____

Home Phone____________________________Cell Phone____________________________

SSN_______-____-________ (for background check) Are you a US Citizen?______

Date of Birth ________________ Church attending? __________________________________

Ethnicity

Education

High School_______________________City/State__________________________________

HS Diploma or GED?____

Other School________________________City/State________________________________

Degree/Certification____

References

Pastor______________________________Phone Number______________________________

Church Name____

Friend______________________________Phone Number______________________________

How do you know this person?____

Coworker____________________________Phone Number______________________________

Company where you worked with this person:_____________________________________

Work History – Begin with most recent

Employer________________________________City/State__________________________________

Phone Number_______________________Supervisor_____________________________________

Job Title_______________________Start Date_______________End Date____________________

Job Description____

____

____

Reason for Leaving____

May we contact this employer? ______________

Employer________________________________City/State__________________________________

Phone Number_______________________Supervisor_____________________________________

Job Title_______________________Start Date_______________End Date____________________

Job Description____

____

____

Reason for Leaving____

May we contact this employer? ____________

Employer________________________________City/State__________________________________

Phone Number_______________________Supervisor_____________________________________

Job Title_______________________Start Date_______________End Date____________________

Job Description____

____

Reason for Leaving____

May we contact this employer? _____________

Other

List any past criminal background. Explain what changes you have made in your life since then.

Parole Office or Social Worker Name and contact info:

What do you hope to accomplish through this program? (list two or three goals)

Please share something about your faith and relationship with Jesus Christ.

What have you done in the past to address your addiction, homelessness or other issues?

What do you need to do differently this time?

What would you like us to know about your family of origin and your current family relationships?

Do you have skills, abilities or talents that you want to develop into a possible career?

Is there anything else you think we should know about you?

Are you willing to consent to a background check before you begin working or volunteering for the House of Hope?
Yes
No

FAMILY & EMERGENCY CONTACT INFO

Family Member #1 Relation Phone Number:
Address: Email:

Family Member #2 Relation Phone Number:
Address: Email:

Emergency Contact: Relation Phone Number:
Address: Email:

How did you discover the House of Hope?

ADDITIONAL RELEASE INFORMATION

My health care provider is:

My doctor's name is:
(past 5 years)

Other doctor's/specialists' names:
(past 5 years)

The mediations I am (or have been) prescribed are:
(past 5 years)

My counselor and/or psychiatrist's names are:
(past 5 years)

Release: I grant permission to the management of Greater Hayward House of Hope to contact and communicate with all of my doctors, counselors, psychiatrists and other medical and mental health professionals as a precondition to my admittance into GHHOH residential program.

Applicants Name: __________________________ Date: ____________

Notice: Failure to disclose medical and/or mental health care information my render GHHOH applicants ineligible for this program.

PHYSICAL ACTIVITY DISCLOSURE

The GHHOH residential program involves volunteer activities and trade skills mentoring that require applicants to be fully and physically mobile and highly active. The trade skills primarily centers on construction related trades.

Applicants Name: __________________________ Date: ____________

Thank you for taking the time to complete this application.

Greater Hayward House of Hope
Email: greaterhaywardhouseofhope@gmail.com
Phone: 715-661-3254