

# Appalachian Regional Training Center

1651 Unity Road Princeton, WV 24739 Phone (304)384-3307 Ext. 303

## Application for Admission

1. Your Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender at Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

2. Permanent Address \_\_\_\_\_  
Street City State Zip  
Phone Number (\_\_\_\_) \_\_\_\_\_ Ethnicity \_\_\_\_\_

3. Are you married \_\_\_ single \_\_\_ divorced \_\_\_ separated \_\_\_ (Choose one)

4. With whom are you presently living? \_\_\_\_\_

5. Are you a registered sex offender? Yes \_\_\_ No \_\_\_

6. Are you presently employed? Yes \_\_\_ No \_\_\_

7. Have you been in institutions (medical, penal, etc.) before? Yes \_\_\_ No \_\_\_

8. Have you ever been involved with an occult or gang? Yes \_\_\_ No \_\_\_

9. If we would ask your family members the following questions about you, how do you think they would most likely answer?

Is he honest? Yes \_\_\_ No \_\_\_

Is he a manipulator? Yes \_\_\_ No \_\_\_

Does he usually blame others for his actions? Yes \_\_\_ No \_\_\_

Will he steal if given the opportunity? Yes \_\_\_ No \_\_\_

Has he ever stolen from you? Yes \_\_\_ No \_\_\_

10. Have you ever been involved with the legal system? Yes \_\_\_ No \_\_\_

If yes, please explain and list any prior charges and/or convictions: \_\_\_\_\_

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

11. Are you currently on probation or parole? Yes \_\_\_ No \_\_\_

If yes, probation or parole officer's name: \_\_\_\_\_

Address/Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

12. Do you have any upcoming court appearances for any reason? Yes\_\_\_ No\_\_\_
13. Do you have any attorney? Yes\_\_\_ No\_\_\_  
If yes, attorney's name: \_\_\_\_\_  
Address/Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_
14. Are you or any member of your immediate family, currently or have you in the past, been involved in a civil lawsuit? Yes\_\_\_ No\_\_\_
15. Do you have any children? Yes\_\_\_ No\_\_\_ If yes, how many? \_\_\_\_\_
16. When you were a child, did you have any religious input or attend a church? Yes\_\_\_ No\_\_\_ If yes, what denomination? \_\_\_\_\_
17. Are you aware that we believe that only a personal relationship with Jesus Christ can help you overcome your life controlling problems? Yes\_\_\_ No\_\_\_
18. Are you willing and ready to allow Jesus to work in your life? Yes\_\_\_ No\_\_\_
19. Are you aware that we are a Pentecostal based, non-legalist ministry? Yes\_\_\_ No\_\_\_
20. Are you aware that you will be taught per our interpretation of scripture, and that we will not debate your religious beliefs or permit you to teach them to any other student in the program?  
Yes\_\_\_ No\_\_\_
21. Do you understand that you will be confronted regarding issues in your life and that we will not apologize for doing so? Yes\_\_\_ No\_\_\_
22. How desperately do you need help? Desperately\_\_\_ Somewhat\_\_\_
23. Do you agree that your ways have not worked and that you need a complete change of lifestyle?  
Yes \_\_\_ No \_\_\_
24. Do you understand that in the event you are found to have tobacco, drugs, or alcohol in your possession while in the program you will face immediate dismissal from our program?  
Yes\_\_\_ No\_\_\_
25. Are you aware that if at any time our staff determines that you are not interested in our training procedures you will be released from the program? Yes\_\_\_ No\_\_\_
26. Are you aware that we offer three types of residential programs; a short-term (3 months), a long-term (7 months) after completing the short term, and an advanced term (2 months) after completing the short- and long-term programs? Yes \_\_\_ No \_\_\_
27. How long do you plan to be at the Training Center? \_\_\_\_\_
28. Are you aware that the Appalachian Regional Training Center is not a licensed clinical drug/alcohol treatment center or a medical/mental health facility? Yes\_\_\_ No\_\_\_

29. Have you or any member of your family experienced any of the following:

Alcohol abuse: Who? \_\_\_\_\_

Drug abuse: Who? \_\_\_\_\_

Gambling addiction: Who? \_\_\_\_\_

Pornography/sex addiction: Who? \_\_\_\_\_

Homosexuality: Who? \_\_\_\_\_

Depression: Who? \_\_\_\_\_

Anxiety: Who? \_\_\_\_\_

Suicide attempts or completion: Who? \_\_\_\_\_

Physical/emotional/sexual abuse: Who? \_\_\_\_\_

30. What are your parents' and spouse's (if applicable) occupations?

Father's \_\_\_\_\_ Mother's \_\_\_\_\_ Spouse's \_\_\_\_\_

31. Do you understand that you will have limited contact with your family during the program?

Yes \_\_\_ No \_\_\_

32. Does your family know you are applying for admission to our Training Center? Yes \_\_\_ No \_\_\_

33. Is anyone pressuring you, holding anything over your head, or giving you an incentive to get you to come to our training center? Yes \_\_\_ No \_\_\_

34. Did you complete this application yourself or did someone do it for you? \_\_\_\_\_

35. Have you been enlisted in the military? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

36. What is the highest level of education you have completed? \_\_\_\_\_

37. Do you have a problem signing liability releases before being admitted into our program?

Yes \_\_\_ No \_\_\_

38. Do you understand that any and all monetary transactions (admission fee, processing bond, etc.) will you and the Appalachian Regional Training Center only and NOT the individual(s) from whom you obtained your money, if such be the case? Yes \_\_\_ No \_\_\_

39. Do you understand that you or anyone else MAY NOT use our corporate name in or on any type of social media platform, especially through the Go Fund Me, in order to obtain monies you intend to use for your transportation to or for your admission into our Training Center?

Yes \_\_\_ No \_\_\_

Do you further understand that you or anyone else MAY NOT attempt to obtain monies from a church or a civic organization that you intend to use for your transportation to or for your admission into our Training Center? Yes \_\_\_\_ No \_\_\_\_

Should we learn that you obtained monies through any of these means your application will be rejected and you will be denied admission into our Training Center.

40. Do you understand that should you resign or be dismissed from the program, it will be your sole responsibility to repay the borrowed monies (see #38), if such be the case, directly to the individual(s) from whom you borrowed the monies and not our responsibility? Yes \_\_\_\_ No \_\_\_\_

41. Please answer the following questions regarding your finances:

Do you own any tangible property? Yes \_\_\_\_ No \_\_\_\_

Have you ever or are you currently receiving any type of financial assistance? Yes \_\_\_\_ No \_\_\_\_

Do you currently have any income? Yes \_\_\_\_ No \_\_\_\_

Do you expect to receive any income while you are in our program? Yes \_\_\_\_ No \_\_\_\_

Do you have any money in a savings, checking, or personal account? Yes \_\_\_\_ No \_\_\_\_  
If yes, how much? \_\_\_\_\_

Do you have any outstanding debts? Yes \_\_\_\_ No \_\_\_\_ If yes, how much? \_\_\_\_\_

42. How did you learn about us? \_\_\_\_\_

### **Medical History**

1. Do you currently have a primary care physician? \_\_\_\_ If yes, who? \_\_\_\_\_

Contact information (if applicable): \_\_\_\_\_

2. Do you have any outstanding doctor appointments? \_\_\_\_ If yes, when and where? \_\_\_\_\_

3. If you enter our program, what provisions would be made to pay for any medical and/or dental expenses you may incur while here? \_\_\_\_\_

4. Please list and describe any illness, injury, or symptom that you are currently experiencing and for which you are being treated: \_\_\_\_\_

5. Describe any serious physical injuries you have had in the past 10 years: \_\_\_\_\_

6. List any prescription medications you will be required to take while participating at the Training Center: \_\_\_\_\_

7. List any allergies (hay fever, asthma, hives, aspirin, foods, bee stings, or other substances) you may have: \_\_\_\_\_  
\_\_\_\_\_
8. Do you require a special diet or have food allergies? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. When were your eyes last examined? \_\_\_\_\_ Results: [ ] Excellent [ ] Good [ ] Bad
10. Any present problems with your eyes? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
11. Do you wear prescription glasses? \_\_\_\_\_ Are your glasses in good condition? \_\_\_\_\_
12. When were your teeth last examined? \_\_\_\_\_ What were the findings? \_\_\_\_\_
13. Do you presently have any abscesses or infections? \_\_\_\_\_
14. Have you ever experienced, or do you presently have a physical impairment, injury, handicap, or medical problem that may prevent you from performing manual work-related tasks while enrolled at the Training Center program? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
15. Have you ever received mental health treatment not related to drug or alcohol use? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
16. Have you ever been diagnosed with a sexually transmitted disease, HIV or Hepatitis? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
17. Have you ever filed a malpractice lawsuit against any physician, medical establishment, or drug/alcohol treatment program? \_\_\_\_\_
18. Have you been addicted to drugs and/or alcohol in the last 30 days? \_\_\_\_\_ If yes, please list them: \_\_\_\_\_  
\_\_\_\_\_
19. Do you feel you should be medically detoxed prior to enrolling into our program? \_\_\_\_\_

### **Basic Program Information**

Thank you for considering the Appalachian Regional Training Center as a viable means to help you overcome the life controlling problems that have overtaken your life. Our purpose for reaching out to you and hopefully enrolling you into our training program is to provide you with the help you need in order to become a disciplined, healthy person and a responsible member of society.

Our goal is to give you the life skills training necessary for obtaining and maintaining a new life and a new way of thinking. We firmly believe that you can overcome the problems associated with your dependence on drugs and/or alcohol, or whatever else. We look forward to working with you as we believe God has directed you here. If you apply yourself wholeheartedly, you will graduate from the Training Center as a spiritually alive, emotionally balanced, socially adjusted, mentally sound, physically well, and employable person.

Our training program consists of three levels.

Level 1- Your first 3 months of participation in the program.

Level 2- Your next 7 months of participation in the program.

Level 3- Your next 2 months of participation in the program.

Your first 30 days in the program will be a period in which you will become orientated to the structure of the program and focus on regaining your identity and self-respect. You will be closely monitored while your body and mind clear themselves of the effects controlled substances have had on your ability to function soberly. At the completion of 30 days, you will be evaluated to determine your eligibility to continue participating in that level.

Once you have completed Level 1 you will receive a certificate of completion and granted a 3 day off-campus pass. Upon completing your pass, you may return to the Training Center to participate in Level 2 or you may consider your time at the Training Center to be completed. This will be your sole decision.

During Level 2 you will be granted a 3 day off-campus pass after completion of 6 months with the opportunity to earn additional off-campus passes as well.

Once you have completed Level 2 you will receive a certificate of completion and granted a 5 day off-campus pass. Upon completing your pass, you may return to the Training Center to participate in Level 3 or you may consider your time at the Training Center to be completed. This will be your sole decision.

Upon completing all levels of the program, you will be honored at a graduation ceremony at which time you will receive a graduate diploma. Your family and friends will be welcome to attend this important ceremony and witness firsthand this major milestone in your life.

Students who wish to obtain a general education diploma (G.E.D.) are given the opportunity to enroll into our G.E.D. classes.

Students who are on probation or parole are required to complete all Levels (1,2, and 3) of the program unless otherwise specified by the applicant's probation officer, parole officer, or the courts.

Life has rules. Without rules our world would be in total chaos. By applying for admission into our training center you have probably realized that a lack of self-discipline has contributed to your inability to function normally in society. We understand your feelings, which is why we operate from love as we firmly teach you the real value of self-discipline and accountability. If you will commit to working with us, we believe that you will someday thank us for caring enough to confront you regarding your underlying problems and challenging you to become a better person.

The basic rules of the program are as follows:

All state and local laws must be obeyed.

Illegal drugs, alcohol, tobacco materials, nicotine vapors, nicotine patches, pornography, or weapons of any type are prohibited on the training center campus or in any student's possession, on or off campus.

You are not permitted to wear body pierced jewelry while participating in any level of the program. Implanted jewelry must be removed prior to enrolling into the program.

Your hair must be no longer than the top of your ear, not in your eyes, and not lying on your collar. You may wear a moustache; however, beards are not permitted. This is to assure good hygiene among all residents.

After completion of 7 days in the program you may make two 20-minute video calls per week and send/receive letters to and from whomever you choose. After completion of 30 days, you may receive on-campus visits weekly.

Please understand that the rules listed herein are the basic rules of the program. Shortly after your enrollment into the training center, you will meet with our program director or a senior staff member who will further discuss these and other pertinent rules with you. By following them, you will help us to help you become spiritually alive, emotionally balanced, socially adjusted, mentally sound, physically well, and employable.

Remember, your ways have not worked; therefore, you should keep in mind that our program has been proven to be a program that does work. We will attempt in every way to provide you with a humane and safe training environment, free from illegal drugs and alcohol.

We do not discriminate by refusing admission to those who are infected with certain communicable diseases.

The Appalachian Regional Training Center is not a medical care facility and is unable to provide on-site medical supervision. You must be physically able to participate in every component of the program. If your health deteriorates to the point where you are no longer able to participate or medical conditions require regular medical supervision, you should voluntarily leave the program.

**I, the undersigned applicant, fully confirm that the information provided herein is accurate and true to the best of my knowledge. I fully understand that any false or incomplete information may result in my disqualification from admission into or continued participation in the Appalachian Regional Training Center's residential program. I have thoroughly read this document and do hereby fully agree to its contents.**

\_\_\_\_\_  
Signed (Applicant) \_\_\_\_\_  
Date

**Thank you for completing this application. We want to help you, so the sooner you get this to us, the sooner we can do so. Please email your completed application to [tcadmissions@frontier.com](mailto:tcadmissions@frontier.com).**

**THE FOLLOWING INFORMATION WILL BE COMPLETED BY OUR DIRECTOR OF ADMISSIONS**

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Date of interview \_\_\_\_\_  
Accepted \_\_\_\_ Not accepted \_\_\_\_ If not accepted, reason \_\_\_\_\_