



STUDENT APPLICATION

*Applications distributed and received by
Phoenix and Tucson Induction Centers Only*

PERSONAL INFORMATION

Name (Last Name First)	Phone No.	Social Security No	DOB
Address	City	State	Zip
Referred by	Phone No.		

HOW DO YOU RATE YOUR NEED TO ENTER THE TEEN CHALLENGE PROGRAM?
(PLEASE CIRCLE ONE)

EMERGENCY WHENEVER THERE IS AN OPENING I DO NOT NEED THE PROGRAM

WHEN THE STUDENT TERMINATES THE PROGRAM OR IN AN EMERGENCY NOTIFY THE FOLLOWING:

Name				Phone No.
Address	City	State	Zip	Relationship

LEGAL STATUS

Charges Pending: Yes No Nature of Charges: _____

Do you have any outstanding warrants? Yes No If yes, where?

Probation/Parole Officer Phone No.

Public Defender/Attorney Phone No.

TEEN CHALLENGE OF ARIZONA, INC. STUDENT APPLICATION

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GENERAL INFORMATION

TEEN CHALLENGE IS AN INTERNATIONAL, NON-PROFIT, INTERDENOMINATIONAL, FAITH-BASED PROGRAM MINISTERING TO PEOPLE WITH LIFE-CONTROLLING PROBLEMS. TEEN CHALLENGE OF ARIZONA IS A NATIONALLY ACCREDITED PROGRAM WHICH IS FINANCIALLY AN ENTITY OF ITS OWN AND GOVERNED BY A LOCAL BOARD OF DIRECTORS.

THE MISSION OF TEEN CHALLENGE IS TO EVANGELIZE PEOPLE WHO HAVE LIFE-CONTROLLING PROBLEMS AND INITIATE THE DISCIPLESHIP PROCESS TO THE POINT WHERE THE STUDENT CAN FUNCTION AS A CHRISTIAN IN SOCIETY APPLYING SPIRITUALLY MOTIVATED BIBLICAL PRINCIPLES TO RELATIONSHIPS IN THE FAMILY, LOCAL CHURCH, CHOSEN VOCATION, AND THE COMMUNITY. TEEN CHALLENGE ENDEAVORS TO HELP PEOPLE BECOME MENTALLY SOUND, EMOTIONALLY BALANCED, SOCIALLY ADJUSTED, PHYSICALLY WELL AND SPIRITUALLY ALIVE.

WE SUGGEST THAT THE PROSPECTIVE STUDENT SHOULD HAVE TRIED SOME TYPE OF PROFESSIONAL COUNSELING (PASTOR, PSYCHOLOGIST, ETC.), GETTING HELP FROM A LOCAL CHURCH AND/OR LOCAL DRUG OR ALCOHOL CLINIC OR PROGRAM BEFORE CONSIDERING COMMITTING THEMSELVES TO TEEN CHALLENGE'S YEAR LONG RESIDENTIAL PROGRAM.

NOTE: TEEN CHALLENGE OF ARIZONA, INC. RESERVES THE RIGHT TO ACCEPT OR DENY PROGRAM APPLICATIONS.

WHAT DOES THE TEEN CHALLENGE PROGRAM OFFER? TEEN CHALLENGE IS CONCERNED WITH THE TOTAL PERSON. THE PROGRAM STRUCTURE IS AWARE OF EACH PERSON'S SPIRITUAL, MENTAL, PHYSICAL, SOCIAL AND EDUCATIONAL NEEDS.

SPIRITUALLY - TEEN CHALLENGE DEALS WITH THE PERSON'S PROBLEMS AS SYMPTOMS WHICH RELATE TO DEEPER ISSUES AND CAUSES. ZEROING IN ON SPIRITUAL NEEDS BEGINS THE REAL HEALING PROCESS. FAITH IN GOD GIVES HOPE AND BRINGS THE "RUNNING" TO A STOP.

MENTALLY - REBUILDING AN ABUSED MIND IS OF KEY IMPORTANCE. CONSISTENT STUDY OF THE BIBLE ENHANCES MENTAL HEALING AND GROWTH AND SERVES AS THE FOUNDATION FOR THE RESTRUCTURING OF BROKEN DOWN THOUGHT PATTERNS, CREATING NEW MORE STABLE WAYS OF LIVING.

PHYSICALLY - TEEN CHALLENGE CARES FOR SUCH NEEDS ON A LONG TERM BASIS. ASSISTANCE IS GIVEN FOR SHELTER, FOOD, CLOTHING AND RECREATION.

SOCIALLY - THROUGH THE BENEFITS OF A GROUP LIVING SITUATION STUDENTS ARE HELPED TO WORK ON RELATIONSHIP PROBLEMS AND TO MORE SUCCESSFULLY RELATE TO FAMILY AND PEERS ONCE THEY COMPLETE THE PROGRAM. SUCH INTERACTION PROMOTES STRONG CHARACTER OF MORAL FIBER AND RIGHT ATTITUDES.

TEEN CHALLENGE HAS FIVE PHASES:

PHASE I BASIC CONFRONTATIONAL EVANGELISM. THE PURPOSE AND METHOD IS TO CONDUCT EVANGELISM OUTREACH DIRECTLY TO THE PEOPLE, I.E., STREET MEETINGS, JAIL & PRISON SERVICES, HELPLINE SUBSTANCE ABUSE PREVENTION PROGRAMS, DROP-IN COUNSELING, LITERATURE DISTRIBUTION, ETC.

PHASE II PREPARATION. 30 DAYS RESIDENCE FOR THE INDUCTION PHASE FOR PERSONS WITH LIFE-CONTROLLING PROBLEMS WHERE THEY RECEIVE A CLEAR WITNESS OF THE GOSPEL. IT IS A PERIOD OF ADJUSTMENT AND SPIRITUAL RESPONSE. HERE A CLIENT WILL LEARN TO LIVE IN HARMONY IN A GROUP SITUATION AND ARE ADVANCED TO PHASE III IN ACCORD WITH THEIR PROPER ATTITUDE AND SPIRITUAL GROWTH.

PHASE III INDUCTION. AT LEAST THREE MONTHS RESIDENCE IN AN APPROVED INDUCTION CENTER INCLUDING SCREENING, TESTING, COUNSELING, BIBLE STUDY, CHAPEL SERVICES, WORK TRAINING, AND RECREATION IN PREPARATION FOR PHASE IV.

PHASE IV CHRISTIAN GROWTH. AT LEAST SEVEN MONTHS IN RESIDENCE. THIS SETTING PROVIDES A STRUCTURED ATMOSPHERE WHERE COUNSELING AND UNDERSTANDING OF INDIVIDUAL PROBLEMS ARE COMBINED WITH FIRM DISCIPLINE. INVOLVED IS BIBLE STUDY, CHAPEL SERVICES, CURRICULUM, WORK TRAINING, AND RECREATION IN PREPARATION FOR PHASE V.

PHASE V RE-ENTRY. AT LEAST TWO MONTHS RESIDENCE IN AN INDUCTION/RE-ENTRY CENTER. THE PURPOSE OF THIS PHASE IS TO RE-ESTABLISH THE PERSON IN SOCIETY THROUGH LEARNING TO COPE SUCCESSFULLY WITH EVERYDAY STRESS & CHALLENGES. EACH INDIVIDUAL IS ASSISTED IN JOB PLACEMENT, BUDGETING MONEY, ESTABLISHING PERSONAL GOALS, PAYING ROOM & BOARD, FINDING NEW FRIENDS, ESTABLISHING CHURCH FELLOWSHIP AND IS CHALLENGED TO DISCIPLE THEMSELVES AS WELL AS OTHERS.

TEEN CHALLENGE OF ARIZONA, INC. IS A MISSIONS DEPARTMENT OF THE ARIZONA DISTRICT OF THE ASSEMBLIES OF GOD, THEREFORE, WE FULLY EMBRACE THEIR DOCTRINAL VALUES AND TEACHING. FULL ACCEPTANCE OF THIS STATEMENT IS NOT REQUIRED FOR ACCEPTANCE INTO OR GRADUATION FROM THE TEEN CHALLENGE PROGRAM.

WE BELIEVE....

- **THE BIBLE IS THE INSPIRED WORD OF GOD** (II TIMOTHY 3:16-17; I THESS. 2:13, II PETER 1:21)
- **IN ONE TRUE GOD (REVEALED AS TRINITY OF PERSONS IN RELATIONSHIP AND ASSOCIATION, FATHER, SON AND HOLY GHOST)** (DEUT. 6:4; IS 43:10; MATT. 28:19; LUKE 3:22)
- **IN THE DEITY OF THE LORD JESUS CHRIST** (MATT. 1:23; LUKE 1:35; ACTS 2:32; ROMANS 1:4; PHILL. 2:9-11; HEBREWS 1:3)
- **IN THE FALL OF MAN** (GEN. 1:26; 2:17; 3:6; ROMANS 5:12-19)
- **IN THE SALVATION OF MAN** (LUKE 24:47; JOHN 3:3; ROMANS 10:13-15; EPH. 2:8; TITUS 2:11-12; 3:5-7; ROMANS 8:16; EPH.4:24)
- **ORDINANCES OF THE CHURCH:**
 - ❖ **BAPTISM IN WATER** (MATT. 28:19; MARK 16:16; ACTS 10:47,48; ROMANS 6:4)
 - ❖ **HOLY COMMUNION** (MATT. 26:14-30; MARK 14:17-26; LUKE 22:14-30; I COR. 11:23-34)
 - ❖ **THE BAPTISM IN THE HOLY SPIRIT** (MATT. 3:11; MARK 1:7,8; LUKE 3:16; JOHN 1:26; ACTS 1:4-8)
 - ❖ **THE EVIDENCE OF THE BAPTISM OF THE HOLY SPIRIT** (ACTS 2:4; 10:44-46; 11:15-17; 15:7-9; 19:6)
 - ❖ **SANCTIFICATION** (ROMANS 12:1,2; I THESS. 5:23; HEB. 12:14; I PETER 1:15,16)
- **THE CHURCH AND ITS MISSION:**
 - ❖ **AGENCY FOR EVANGELIZING THE WORLD** (MATT. 28:19,20; MARK 16:15; ACTS 1:8; EPH. 3:10)
 - ❖ **CORPORATE BODY FOR WORSHIPPING GOD** (JOHN 4:23,24; I COR. 12:13)
 - ❖ **CHANNEL FOR EDIFYING THE SAINTS** (I COR. 12:28; 14:12; EPH. 4:11-16)
 - ❖ **THE MINISTRY** (MARK 16:15-20; EPH. 4:11-16; I TIM. 3:1-7; TITUS 1:5-9)
 - ❖ **DIVINE HEALING** (ISAIAH 52:4,5; MATT. 8:16,17; JAMES 5:14-16)
 - ❖ **THE BLESSED HOPE** (ROMANS 8:23; I COR. 15:51,52; I THESS. 4:16,17; TITUS 2:13)
 - ❖ **THE MILLENNIAL REIGN OF CHRIST** (ZECH. 14:5; MATT. 24:27, 30; REV. 19:11-14; 20:1-6)
 - ❖ **THE FINAL JUDGMENT** (MATT. 25:46; MARK 9:43-48; REV. 19:20; 20:11-15; 21:8)
 - ❖ **THE NEW HEAVEN AND THE NEW EARTH** (II PETER 3:13; REV. 21:22)

Dear Potential Student:

The Teen Challenge program is not free. TEEN CHALLENGE is committed to raising the funds to cover the cost of your care. **Therefore, you are responsible to pay an Intake Fee to cover the first month at \$1,500 and an additional monthly commitment of \$500.00 thereafter.**

- You must pay an **Application Fee** before entering the program. The fee is **\$100** for those applying from within the state of Arizona and **\$200** for out of state applicants. **This fee is nonrefundable.**
- You must make arrangements with the Intake Coordinator to pay a **\$1,500 Intake Fee**. The Intake Fee helps cover costs such as housing, meals, transportation and other costs of student care. Please read **Terms for Refunds** below.
- You must apply for General Assistance with the Department of Economic Security after entering the program and agree to give Teen Challenge of Arizona, Inc. Power of Attorney over all D.E.S. funds that come in your name and the use of the ATM card and PIN# while in the program.
- If you qualify for Social Security Disability, you must agree to contribute a portion of your benefits equal to the amount of Genral Assistance from DES.
- You must request help from family, friends and other support people towards these fees or assist with sponsorship--please see next form.
- You must participate in fundraising events and activities as outlined by the director which may include car washes, choir outings and various contract labor situations. These activities are usually limited to approximately 20 hours per week.

We require that you do your best to help in these ways. The whole program, including assisting with the cost of your care, will require you to put forth a full effort. If you are absolutely unable to pay anything towards these fees Teen Challenge will work hard to find the support to provide for your care.

Sincerely,
REV. SNOW PEABODY
Executive Director

I, _____, certify that I have read this "Cost of the Program" letter and fully agree to help to the best of my ability. I also agree to inform those that may contribute towards these fees of the guidelines mentioned above.

Terms for Refund

Request for refunds of the Intake Fee will be considered if:

- **The student leaves the program within five days of entering.**
- **The request for refund is made within three business days of the date the student leaves the program.**
-

If it is determined that a refund will be made the terms will be as follows:

- **Please allow for at least five business days for refund.**
- **Refunds will be less \$100 per day for however many days the student was in the program.**
- **Refunds will be less the cost to repair any damaged property.**
- **Refunds will be less a refund processing charge of \$300.**

All fees must be paid in cash or certified funds

newapp Revision 6/14

RE: _____ Center Location: _____
Program Applicant's Name

The above named individual has applied for entry into the TEEN CHALLENGE program, a thirteen to fifteen month residential program helping those with life controlling problems including alcoholism and drug abuse.

TEEN CHALLENGE is an international, non-profit, interdenominational, faith-based program. TEEN CHALLENGE OF ARIZONA, INC. is a nationally accredited program which is financially an entity of its own and governed by a local Board of Directors. It is not underwritten by any organization or agency.

Each program applicant is asked to help, personally or by finding sponsors, with the cost of their care. This shows a true interest and desire for rehabilitation. This is also our way of helping to underwrite the operational costs of the program. Sponsors can be family, friends, churches, businesses, or other concerned individuals. Since the cost of care is \$1,500 per month, per student in the program we require each program applicant to secure sponsorship to cover the Application Fee, Intake Fee and \$500. monthly commitment. Additional sponsorship is helpful.

Teen Challenge will work hard to find funding for those who are unable to secure fees or sponsorship.

If you have decided to sponsor _____ Please return the sponsorship form indicating your commitment and all checks and/or money orders to:

TEEN CHALLENGE OF ARIZONA, INC.
P.O. BOX 5966
Tucson, Arizona 85703

If you have any questions please call us at (520) 292-2273.

Sincerely,
REV. SNOW PEABODY
Executive Director

As a TEEN CHALLENGE STUDENT SPONSOR I would like to help in the following ways:

Please circle the ways in which you would like to help

- Payment of Application Fee \$100
Application Fee is \$200 for out of State Applicants
- Payment of Intake Fee \$1,500
As mentioned, the cost of care per student is \$1,500 per month--we only ask that you cover one month of that cost.
- Monthly Sponsorship \$5 \$10 \$25 \$50 \$100 \$150 \$200 \$500 \$1500

I have promised to give \$_____ in support of _____
Program Applicant's Name
\$_____
\$_____

STUDENTS LOCATION (check one): Phoenix Men's Center Tucson Men's Center Christian Life Ranch
 Home of Hope Springboard

*Please make copies of letter as needed.
A tax deductible receipt will be issued for sponsorship contributions.*

**THE FOLLOWING 12 REQUIREMENTS MUST BE COMPLETED BEFORE YOU ENTER THE PROGRAM
ALL EXCEPTIONS MUST BE APPROVED BY THE INTAKE COORDINATOR**

1. COMPLETE & NOTARIZED STUDENT APPLICATION.
2. PAYMENT OF \$100 APPLICATION FEE (\$200 FOR OUT OF STATE APPLICANTS) *Application Fee is Non Refundable.*
3. PAYMENT OF INTAKE FEE - \$1,500 *Please see page 2 for terms of reimbursement for Intake Fee.*
4. IF YOU ARE RECEIVING SOCIAL SECURITY DISABILITY OR ANY OTHER REGULAR MONTHLY INCOME CHECKS, YOU WILL BE REQUIRED TO AGREE TO PAY THE FULL AMOUNT OF YOUR MONTHLY CHECK TO TEEN CHALLENGE UNTIL ALL INCURRED FEES HAVE BEEN PAID.
5. A CHECK OR MONEY ORDER TO COVER RETURN BUS OR PLANE FARE IF COMING FROM OUT OF THE IMMEDIATE AREA.
6. CURRENT TUBERCULOSIS (TB) TEST RESULTS - TESTING RESULTS ARE ACCEPTABLE IF THEY ARE WITHIN 3 MONTHS PRIOR TO THE DATE OF ENTRANCE.
7. TEEN CHALLENGE CANNOT PROVIDE MEDICAL CARE. IF YOU DESIRE PERSONAL MEDICAL COVERAGE (INCLUDING AHCCCS) WHILE IN THE PROGRAM YOU MUST SECURE THIS PRIOR TO ENTERING.
8. ACTUAL SOCIAL SECURITY CARD OR PROOF OF APPLICATION FOR DUPLICATE CARD.
9. VALID PICTURE IDENTIFICATION CARD.
10. ALL LEGAL PROBLEMS MUST BE MADE KNOWN TO THE INTAKE COORDINATOR PRIOR TO ACCEPTANCE.
11. ALL LEGAL OBLIGATIONS INCLUDING COURT APPEARANCES, JAIL TIME, COURT MANDATED CLASSES, ETC. MUST BE COMPLETED PRIOR TO ENTERING.
12. AMONG YOUR REGULAR CLOTHING YOU MUST HAVE A WHITE DRESS SHIRT, BLACK DRESS PANTS AND BLACK DRESS SHOES.

NOTE: FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF STUDENT APPLICATION

TEEN CHALLENGE ENCOURAGES PROGRAM APPLICANTS WHO HAVE BEEN INVOLVED IN HIGH RISK BEHAVIOR TO BE TESTED FOR HIV/AIDS

SECTION 4 - NECESSARY ITEMS TO BRING

LINENS - TWIN SIZE SHEETS, PILLOW CASES & BLANKETS
TOWELS & WASHCLOTHS
PERSONAL ITEMS - RAZORS, TOOTHBRUSH, ETC.
UNDERSHORTS & UNDERSHIRTS
SOCKS - SPORT & DRESS
WORK CLOTHES
CASUAL CLOTHES - SHORTS, LONG PANTS, PULLOVER SHIRTS, ETC.
DRESS CLOTHES - SUIT, SHIRTS, TIES, SLACKS, ETC.
SHOES - WORK, CASUAL, DRESS, SHOWER

BLACK DRESS PANTS
BLACK TIE
WHITE DRESS SHIRT
BLACK DRESS SHOES
PAJAMAS
BIBLE (NO OTHER BOOKS ALLOWED)
PICTURES OF IMMEDIATE FAMILY
NOTEBOOK, PAPER, PEN & PENCIL

CLOSET SPACE IS LIMITED SO PLEASE JUST BRING ENOUGH CLOTHING FOR ONE WEEK-LAUNDRY IS DONE ONCE PER WEEK-PLEASE MARK ALL CLOTHING

SECTION 5 - GENERAL RULES

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APPEARANCE

- HAIR MUST BE KEPT CLEAN AND NEAT - NO BEARDS, GOATEES, OR OUTRAGEOUS SIDEBURNS. UNACCEPTABLE HAIRSTYLES MUST BE CHANGED.
- EARRINGS AND PIERCING JEWELRY ARE NOT ALLOWED.
- APPROPRIATE CLOTHING IS REQUIRED FOR EACH ACTIVITY - STANDARDS MAY VARY BETWEEN CENTERS.

BEHAVIOR

- STUDENTS WHO ARRIVE "HIGH" WILL NOT BE ADMITTED.
- USE OF TOBACCO, ALCOHOL, AND ILLEGAL DRUGS IS NOT ALLOWED.
- LISTENING TO OR PLAYING SECULAR MUSIC IS NOT ALLOWED.
- PLAYING CARDS AND GAMBLING IS NOT ALLOWED.
- PROFANE LANGUAGE AND BOASTING ABOUT PAST LIFESTYLES IS NOT ALLOWED.
- ASTROLOGY, WITCHCRAFT, AND DISCUSSION OR PRACTICE OF THE OCCULT IS NOT ALLOWED.
- ARGUING WITH STAFF, INTERNS, AND OTHER STUDENTS IS NOT ALLOWED.
- PROPER CARE OF ALL TEEN CHALLENGE PROPERTY IS EXPECTED AT ALL TIMES.

MAIL

- MAIL, IN OR OUT, IS LIMITED TO FAMILY, PASTORS, AND PROBATION OFFICERS - SORRY, NO GIRLFRIENDS.
- MAIL, IN OR OUT, WILL BE SCREENED BY THE TEEN CHALLENGE STAFF.

PHONE CALLS

- CALLS, IN OR OUT, ARE LIMITED TO FAMILY, PASTORS, AND PROBATION OFFICERS - SORRY, NO GIRLFRIENDS.
- CALLS, IN OR OUT, MAY BE MONITORED BY TEEN CHALLENGE STAFF.
- ALL CALLS MUST BE APPROVED PRIOR TO BEING MADE OR RECEIVED.
- ALL LONG DISTANCE CALLS MUST BE MADE COLLECT OR WITH A PHONE CARD.

VISITATION

- VISITS WILL BEGIN AFTER TWO WEEKS IN THE PROGRAM.
- VISITATION IS LIMITED TO FAMILY, PASTORS, AND PROBATION OFFICERS - SORRY, NO GIRLFRIENDS.
- ALL VISITS MUST BE APPROVED BY TEEN CHALLENGE STAFF.

PERSONAL BELONGINGS

- ALL STUDENT MONEY WILL BE KEPT ON ACCOUNT. STUDENTS MAY HAVE A MAXIMUM OF \$30 ON ACCOUNT.
- TEEN CHALLENGE WILL NOT STORE PERSONAL BELONGINGS. PLEASE LIMIT YOURSELF TO NECESSARY ITEMS.
- TEEN CHALLENGE WILL NOT BE RESPONSIBLE FOR THE STORAGE OR REPLACEMENT OF STOLEN VALUABLES.
- ALL BAGS WILL BE CHECKED COMING IN & GOING OUT--2 SUITCASES OR ONE TRUNK PER STUDENT.
- NO PETS ALLOWED.
- STUDENTS WHO LEAVE THE PROGRAM OR ARE DISMISSED MUST TAKE ALL PERSONAL BELONGINGS WITH THEM AT THE TIME THEY LEAVE. TEEN CHALLENGE WILL NOT BE RESPONSIBLE FOR ITEMS LEFT.

OTHER

- STUDENTS WHO LEAVE THE PROGRAM OR ARE DISMISSED CANNOT RE-ENTER FOR A PERIOD OF 30 DAYS.
- TEEN CHALLENGE WILL NOT TOLERATE PHYSICAL THREATS, INTIMIDATION, OR VIOLENCE.
- TEEN CHALLENGE WILL NOT TOLERATE ANY SEXUALLY DEVIANT BEHAVIOR.

I _____ CERTIFY THAT I HAVE READ AND UNDERSTAND THE TEEN CHALLENGE GENERAL RULES AND AGREE TO OBEY THEM, AS WELL AS THE RULES FOUND IN THE STUDENT HANDBOOK AT EACH CENTER, WHILE IN THE PROGRAM.

Program Applicant's Signature

Date

NEWAPP4

SECTION 6 - ENTRY REPORT

PERSONAL HISTORY

DOB____/____/____ AGE____ SEX M / F HEIGHT____ WEIGHT____ HAIR COLOR____ EYE COLOR____

PARENT’S NAME_____ PHONE # _____

PARENT’S ADDRESS_____

MARITAL STATUS: *single* *married* *separated* *divorced* If divorced are you seeking reconciliation? yes or no

WIFE’S NAME_____ PHONE # _____

CHILDREN: NAME_____ AGE_____ NAME_____ AGE_____

NAME_____ AGE_____ NAME_____ AGE_____

HEALTH

HOW WOULD YOU RATE YOUR PRESENT STATE OF HEALTH? GOOD FAIR POOR

DO YOU HAVE ANY MEDICAL PROBLEMS? YES NO EXPLAIN_____

ARE YOU PRESENTLY RECEIVING MEDICAL CARE? YES NO

NAME OF PHYSICIAN_____ PHONE # _____

ARE YOU NOW OR HAVE YOU EVER RECEIVED TREATMENT FOR MENTAL ILLNESS? YES NO EXPLAIN_____

Doctor’s Name & Phone #

PLEASE LIST ALL CURRENT MEDICATIONS PRESCRIBED FOR MENTAL ILLNESS OR CHEMICAL IMBALANCE AND LENGTH OF USE

Medication	Months/Years Used	Are you willing to try alternative treatments under a doctor’s care?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

INTEREST IN RECOVERY

DO YOU BELIEVE YOU HAVE A SERIOUS PROBLEM? YES NO EXPLAIN_____

WHAT DO YOU HOPE TO GET OUT OF THIS PROGRAM? _____

CHECK THE REASONS THAT BEST DESCRIBE WHY YOU WANT TO ENTER THIS PROGRAM.

- I want to be free from alcohol/drugs
- My probation officer is forcing me
- I need discipline in my life
- I want to provide for my kids
- I just need housing
- My family is forcing me
- I need help in many areas
- I want to be a good Dad
- I want to become a Christian
- I want to improve my health
- I am trying to avoid arrest/violation
- I want to start a new life

INTEREST IN RECOVERY continued

PLEASE CIRCLE THE INFORMATION THAT DESCRIBES YOUR DRUG HISTORY

Drug	Severity	Using now?	Drug	Severity	Using now?
Alcohol	1 -----5----- 10	Y / N	Amphetamines	1 -----5----- 10	Y / N
Marijuana	1 -----5----- 10	Y / N	Heroin	1 -----5----- 10	Y / N
Glue	1 -----5----- 10	Y / N	Acid	1 -----5----- 10	Y / N
Cocaine	1 -----5----- 10	Y / N	Barbiturates	1 -----5----- 10	Y / N
Speed	1 -----5----- 10	Y / N	Other	1 -----5----- 10	Y / N
Crystal	1 -----5----- 10				

ADDITIONAL INFORMATION (When applicable circle either yes or no or uncertain)

CHURCH NAME, IF ANY, ATTENDED AS A CHILD _____

HAVE YOU EVER BEEN INVOLVED IN A CULT? [YES NO] EXPLAIN _____

ARE YOU ATTENDING A CHURCH NOW? [YES NO] IF YES, WHICH ONE? _____

IS YOUR SPOUSE ATTENDING A CHURCH NOW? [YES NO] IF YES WHICH ONE? _____

DO YOU BELIEVE IN GOD? YES NO UNCERTAIN

DO YOU BELIEVE THAT BY PUTTING YOUR FAITH IN JESUS CHRIST YOU CAN HAVE ETERNAL LIFE? YES NO

HAVE YOU RECEIVED JESUS CHRIST AS YOUR SAVIOR? YES NO

CIRCLE THE STATEMENTS THAT ARE TRUE IN YOUR LIFE RIGHT NOW - *you can circle as many as you like*

- | | | |
|---|---|---|
| I have a problem with violence | I was sexually abused as child | I am proud of my sexual activity |
| I am confused about my sexual orientation | I sometimes or frequently cut/hurt myself | I am ashamed of my lifestyle |
| I don't think it's wrong that I am gay | I want to become sexually pure | I have been arrested for sexual actions |
| I am suicidal | I consider myself to be homosexual | I don't need help with my problems |
| I hate myself | I love my family | I want to change my life at any cost |

HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE? YES NO EXPLAIN _____

ARE YOU REGISTERED IN ANY STATE AS A SEX OFFENDER? YES NO DEGREE 1 2 3

EXPLAIN _____

HAVE YOU BEEN IN A TEEN CHALLENGE PROGRAM BEFORE? YES NO EXPLAIN _____

PLEASE GIVE A TESTIMONY OF YOUR SALVATION EXPERIENCE

DID PROGRAM APPLICANT COMPLETE THIS APPLICATION PERSONALLY? YES NO EXPLAIN _____

Remember: Falsification of information may result in denial of application.

SECTION 7 - POLICIES

OFFICIAL AIDS POLICY

Teen Challenge does not discriminate against those who are HIV positive in its admission procedures. Because a large number of IV drug users have been exposed to the HIV virus at any time there may be one or more students in the program who are HIV positive. This center does not require students who are HIV positive to notify other students in the program of their HIV status.

Teen Challenge is not a medical care facility and is unable to provide 24-hour on-site medical care supervision. Therefore, all students entering the program must be in good health and be able to participate in all activities in the program. If a student's health deteriorates to the point where he/she is no longer able to participate in daily activities of the program, or medical condition requires 24 hour supervision, that person should leave the Teen Challenge program after securing alternative living arrangements. Initials _____

"COLD TURKEY" POLICY

Teen Challenge's method of drug, alcohol, and tobacco withdrawal is totally and absolutely without substitute medications. Our "cold turkey" policy must be agreed upon for acceptance into the program. Applicants must indicate their need for medical detoxification. Periodic urine drug testing will be made to check for drugs, including nicotine. Initials _____

SEXUAL/MORAL STANDARD

Teen Challenge upholds Christian, Biblically based moral standards. In our teaching and in practice observed by staff and students, all forms of sexual activity outside of marriage between a husband and a wife are inappropriate and outside the boundaries of what God has ordained. Therefore, adultery, extra marital sex, either heterosexual or homosexual, will not be allowed while in the Teen Challenge Program. I have read this and agree to abide by this policy while I am at Teen Challenge. Initials _____

STUDENT RIGHTS

STUDENTS HAVE THE FOLLOWING RIGHTS:

- The right to give informed consent, or to refuse treatment or medication, and to be advised of the consequences of such a decision.
- The right to a grievance procedure.
- The right to a humane and safe environment, free from abuse, neglect, and exploitation.
- The right to dignity and personal privacy.
- The right to know about the cost and third-party coverage of treatment, including any limitations on the duration of treatment.
- The right to receive a complete explanation of student rights in clear, non-technical terms in a language the student understands.
- Student rights shall be written in clear, simple language appropriate to the student population.
- There shall be a written policy to ensure that students are not detained against the legal consentor's will.
- Students shall be afforded appropriate medical or psychological/psychiatric care either through referral or direct service delivery. The ministry shall communicate who has financial responsibility for these services. Initials _____

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Name _____ DOB _____ SS# _____

I authorize Teen Challenge of Arizona to disclose to: (enter 3 names of family members, sponsors, pastors who can receive information. (NO GIRLFRIENDS)

NAME	PHONE	RELATIONSHIP	TYPE OF INFORMATION GIVEN	PURPOSE FOR GIVING INFORMATION
1.				
2.				
3.				

The information disclosed is from records protected by Federal Confidentiality Rules (42CFR,part 2) and state regulations (Arizona Administrative Code R9-20-201, and Arizona Revised Statute 12-2294(F) and 36-664) The federal and state rules prohibit the recipient of the information from making any further disclosure of this information, unless further disclosure is expressly permitted by the patient's written consent, or as otherwise permitted by state and federal regulations. A general authorization for release of medical or other information is NOT sufficient consent for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

A photocopy of this consent is as valid as the original.

Applicant Signature _____ Date _____

Witness (Staff) Signature _____ Date _____

**REVOCAION OF CONSENT
(Do not complete unless revocation of consent has been requested.)**

I, _____, hereby revoke or cancel this consent effective _____

Applicant Signature _____ Date _____

Witness (Staff) Signature _____ Date _____

Per Federal Regulations: No disclosure may be made on a form, which does not conform to federal regulations and contain the above data. Further, if document appears false or altered, information will not be disclosed. Revised 11/03

RELEASE OF ALL RIGHTS IN PERSONAL STORY

I DO HEREBY IRREVOCABLY AUTHORIZE TEEN CHALLENGE AND THOSE ACTING UNDER ITS PERMISSION AND ON ITS AUTHORITY TO USE AND PUBLISH FOR ANY LAWFUL PURPOSE WHATSOEVER MY PERSONAL STORY, WHICH I HAVE RELATED TO TEEN CHALLENGE, IN WHOLE OR IN PART, INCLUDING ANY PHOTOGRAPHS OF MYSELF.

I HEREBY WAIVE ANY RIGHTS THAT I MAY HAVE TO INSPECT OR APPROVE THE FINISHED PRODUCT OR COPY THAT MAY BE USED IN CONNECTION THEREWITH, OR THE USE TO WHICH IT MAY BE APPLIED.

I HEREBY RELEASE AND DISCHARGE TEEN CHALLENGE, ITS SUCCESSORS AND ASSIGNS, AND ALL PERSONS ACTING UNDER ITS PERMISSION OR AUTHORITY, FROM ANY LIABILITY BY VIRTUE OF MISPRINTS, ERROR, OR DISTORTION THAT MAY OCCUR; UNLESS IT CAN BE SHOWN THAT THEY AND THE PUBLICATIONS THEREOF WERE MALICIOUSLY CAUSED, PRODUCED, AND PUBLISHED SOLEY FOR THE PURPOSE OF SUBJECTING ME TO CONSPICUOUS RIDICULE, SCANDAL, REPROACH, SCORN, AND INDIGNITY.

I DO HEREBY WARRANT THAT I AM OF FULL AGE AND HAVE EVERY RIGHT TO CONTRACT IN MY OWN NAME IN THE ABOVE REGARD, AND FURTHER THAT ALL OF THE INFORMATION IN MY PERSONAL STORY WAS OBTAINED FROM ME AND NOT FROM RECORDS SUBJECT TO PROTECTION BY LAW. I FURTHER WARRANT THAT I HAVE READ THE ABOVE AUTHORIZATION AND RELEASE PRIOR TO ITS EXECUTION, AND THAT I AM FULLY FAMILIAR WITH THE CONTENTS THEREOF.

APPLICANT SIGNATURE _____ DATE _____

CONFIDENTIALITY OF TEEN CHALLENGE RECORDS - *In accordance with 42 CFR part 2.1 (10/1/91 Ed.)*

THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS MAINTAINED BY THIS MINISTRY IS PROTECTED BY FEDERAL LAW AND REGULATIONS. FEDERALLY THE MINISTRY MAY NOT SAY TO A PERSON OUTSIDE THE PROGRAM THAT A STUDENT ATTENDS THE PROGRAM, OR DISCLOSE ANY INFORMATION IDENTIFYING A STUDENT WITH A LIFE CONTROLLING PROBLEM, ESPECIALLY ALCOHOL, OR DRUG ABUSE UNLESS: 1) *THE STUDENT CONSENTS IN WRITING*; 2) *THE DISCLOSURE IS ALLOWED BY A COURT ORDER*; OR 3) *THE DISCLOSURE IS MADE TO MEDICAL PERSONNEL IN A MEDICAL EMERGENCY OR TO QUALIFIED PERSONNEL FOR RESEARCH, AUDIT, OR PROGRAM EVALUATION.*

VIOLATION OF THE FEDERAL LAW AND REGULATIONS IS A CRIME. SUSPECTED VIOLATIONS MAY BE REPORTED TO APPROPRIATE AUTHORITIES IN ACCORDANCE WITH FEDERAL REGULATIONS. FEDERAL LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT A CRIME COMMITTED BY A STUDENT EITHER AT THE PROGRAM OR AGAINST ANY PERSON WHO WORKS FOR THE PROGRAM OR ABOUT ANY THREAT TO COMMIT SUCH A CRIME. FEDERAL LAW AND REGULATIONS DO NOT PROTECT ANY INFORMATION ABOUT SUSPECTED CHILD ABUSE OR NEGLIGENCE FROM BEING REPORTED UNDER STATE LAW TO APPROPRIATE STATE OR LOCAL AUTHORITIES.

I WARRANT THAT I HAVE READ THE ABOVE NOTICE PRIOR TO ITS EXECUTION, AND THAT I AM FULLY FAMILIAR WITH THE CONTENTS THEREOF.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

RELEASE OF RESPONSIBILITY

IT IS HEREBY UNDERSTOOD THAT TEEN CHALLENGE CANNOT AND WILL NOT BE HELD RESPONSIBLE FOR ANY PERSONAL PROPERTY LEFT, LOST OR STOLEN, WHILE IN THE PROGRAM. WHEN LEAVING THE PROGRAM, I WILL TAKE ALL PERSONAL PROPERTY WITH ME.

IT IS FURTHER UNDERSTOOD THAT I RELEASE THE RIGHT TO TEEN CHALLENGE TO MAKE ROOM SEARCHES AND ALSO A PHYSICAL FRISK IF NEED BE.

I UNDERSTAND THAT IF AN APPLICATION FEE WAS PAID BY ME OR ON MY BEHALF, IT IS NOT REFUNDABLE AND THAT INTAKE FEES ARE REFUNDABLE UNDER TERMS OUTLINED IN THE STUDENT APPLICATION.

IT IS FURTHER UNDERSTOOD THAT I WILL SUBMIT TO PERIODICAL BLOOD OR URINALYSIS DRUG SCREENING WHILE IN THE PROGRAM.

I RELEASE TEEN CHALLENGE FROM ALL RESPONSIBILITY, BOTH PHYSICAL AND FINANCIAL, IN THE CASE OF ACCIDENT, INJURY, ILLNESS, OR OTHER IMPONDERABLE MISFORTUNE.

I GIVE TEEN CHALLENGE PERMISSION TO OPEN AND CHECK BOTH INCOMING AND OUTGOING MAIL FOR ANYTHING THAT MIGHT BE HARMFUL TO THE WELFARE OF THE PROGRAM RESIDENTS. I UNDERSTAND THAT ALL PHONE CALLS MADE BY ME OR RECEIVED FOR ME WILL BE SCREENED AND/OR MONITORED.

IT IS ALSO UNDERSTOOD THAT A MEDICAL EXAMINATION INCLUDING BLOOD TESTS WILL BE REQUIRED FOR ADMITTANCE.

TEEN CHALLENGE OF ARIZONA, INC. IS A MINISTRY TO THOSE WITH LIFE-CONTROLLING PROBLEMS, INCLUDING DRUG DEPENDENCY. APPLICANTS ARE ADVISED THAT MANY PERSONS ENROLLED IN THE PROGRAM HAVE BEEN INVOLVED IN HIGH RISK BEHAVIOR WHICH MAY HAVE EXPOSED THEM TO THE AIDS VIRUS IN THE PAST. I HAVE BEEN ADVISED THAT THERE IS A POSSIBILITY THAT SOME OF THOSE ENROLLED IN THE PROGRAM COULD BE HIV POSITIVE.

Applicant Signature _____ Date _____



TEEN CHALLENGE OF ARIZONA, INC. ENTRANCE AGREEMENT

THIS AGREEMENT is made and entered into on (date) _____ ; by and between Teen Challenge of Arizona, Inc. and _____.

STUDENT NAME

WHEREAS the above student has voluntarily enrolled into Teen Challenge of Arizona, Inc. in order to overcome their life-controlling problems relating to drugs and/or alcohol abuse and to receive Christian Discipleship Training.

NOW THEREFORE, in consideration of the potential help offered to me by Teen Challenge of Arizona:
(Initial each individual item as you agree and approve it.)

- ____1. I confirm that I understand and accept all Teen Challenge of Arizona, Inc. entrance requirements and that I have not knowingly withheld information that might jeopardize my program eligibility. I understand and accept that such non-disclosure or false statements made on the application and associated entrance forms, or future consultation with staff may constitute an automatic and immediate disqualification, suspension or termination from the program.
- ____2. I acknowledge that I have read this agreement completely and confirm that I understand them. I have received a copy of the Student Rules. I do hereby agree to abide by all of the rules regulations and conditions of Teen Challenge of Arizona, Inc. (including any future modifications to such) and state that I wish to enroll voluntarily; and I will dedicate myself to complete the 13-15 month program.
- ____3. I understand that it is primarily my responsibility to face the reality of dealing with and handling my problems on a daily basis. I also understand that I am to assume full responsibility for keeping these terms of agreement. Any infractions on my part will constitute my decision to no longer participate in this program as agreed. Such failure to comply with any of these terms of agreement will subject me to possible dismissal from the Teen Challenge of Arizona, Inc. program. In consideration thereof, I agree to bear the responsibility for any disciplinary or dismissal consequences. (When applicable, Teen Challenge of Arizona, Inc. and its staff are entitled to recourse with any legal action allowed by law)
- ____4. I authorize Teen Challenge of Arizona, Inc. staff to search my person and my belongings upon admission and departure or at any time during the program or as deemed appropriate by Teen Challenge of Arizona, Inc. staff. I also authorize Teen Challenge of Arizona, Inc. to search in any items given to me by visitors during my enrollment here for contraband or items, which may be harmful to my progress here.
- ____5. I understand that my residence in the program is contingent upon my general good health and ability to *participate* in the program. I therefore agree to subsequent medical examinations as required by Teen Challenge of Arizona, Inc. I accept all financial responsibility for any and all medical/testing expenses, which I may incur.
- ____6. I understand that Teen Challenge of Arizona, Inc. serves nutritional well-balanced meals as a communal dining facility would and that it is my responsibility to maintain my diet with the food served. If, for medical reasons, I am unable to eat an item, served, I understand that it is my responsibility to avoid eating it.
- ____7. I do hereby agree to participate in the daily work duties and chores at Teen Challenge of Arizona, Inc. and it is my intention to accept and willingly complete all assignments given to me. I understand that the purpose of work and duties assigned to me, either on or off the facility grounds, is for my vocational training, teaching me good work ethics and helping me with character development. In consideration thereof and in further consideration that Teen Challenge of Arizona, Inc. is offering me residence and other training without cost, I do not expect compensation. Any money or gifts that may be credited to my duties or work will be the property of Teen Challenge of Arizona, Inc. in order to offset the cost of my being in the program.
- ____8. I will not hold any Teen Challenge of Arizona, Inc. staff responsible for any of my personal property lost or stolen while I am enrolled in Teen Challenge of Arizona, Inc., including any items I leave behind after I have discharged from the program. I understand that when I leave I must take all my belongings with me; if not, after 7 days my belongings will be discarded. Teen Challenge of Arizona, Inc. is not responsible for any lost or missing clothing or personal items at any time.
- ____9. I understand Teen Challenge of Arizona, Inc. does not discriminate against those who are HIV positive in the admissions procedures. Because the HIV virus has infected a large number of IV drug users, at any time there may be one or more students who are HIV positive. This Center does not require students who are HIV positive to notify other students in the program of their HIV status.
- ____10. I understand that many of the people living within Teen Challenge of Arizona, Inc. program have histories including, but not limited to drug abuse, alcohol abuse, homosexuality, other sexual problems, mental and emotional problems. I also understand that while Teen Challenge of Arizona, Inc. meets its own "National Accreditation Standards". It is not licensed by the State of Arizona as a mental health facility. I agree not to hold Teen Challenge of Arizona, Inc. liable for any possible negative consequences, be it physical or emotional, resulting from my living at Center. I understand that I am here voluntarily and that I may leave at any time.

- ___ 11. I understand that Teen Challenge of Arizona, Inc. is not a “drug rehabilitation program”. It is a Christian discipleship program, which is aimed at those with life-controlling problems. As such, I realize that building a relationship with Christ is the heart of the program. Extra peripheral helps, such as GED, vocational guidance and training, etc. are also available.
- ___ 12. I understand the phases are not achieved automatically by serving time alone. I am not in Teen Challenge of Arizona, Inc. to “do time”, but to do whatever is necessary for me to be a true disciple of Christ.
- ___ 13. I understand that the counseling I am to receive is not professional, clinical counseling. The Advisors are engaged solely in spiritual advice based upon their understanding of the Bible and they are not engaged in the practice of psychology, professional counseling, or psychotherapy.
- ___ 14. I understand that during or upon completion of the Probation Phase, if I am not ready to follow after the Lord in a cooperative and teachable manner, that I will be asked to leave and be referred elsewhere as appropriate.
- ___ 15. I understand that due to the fact that the Teen Challenge of Arizona, Inc. program is a non-clinical setting and that not all of their staff are licensed ministers, they do not fall under the C.E.Code 1031 for “penitential communication” therefore, Teen Challenge of Arizona, Inc. maintains moral obligations to keep issues of confidentiality, but would be required to testify in a Court of Law if summoned.
- ___ 16. I understand that Arizona State Law requires any counselor to report allegations of child abuse or murder to civil authorities. Teen Challenge of Arizona, Inc. employees are mandate reporters.
- ___ 17. Whenever I discharge from the Teen Challenge of Arizona, Inc. Program I authorize the staff to explain to the other students, interested family, friends and probation/parole officers that I have left and the reasons for doing so.

LIMITED POWER OF ATTORNEY

I, _____, A RESIDENT OF _____ COUNTY, ARIZONA, HEREBY MAKE, CONSTITUTE, AND APPOINT TEEN CHALLENGE OF ARIZONA, INC., AN ARIZONA CORPORATION, MY TRUE AND LAWFUL ATTORNEY-IN-FACT FOR ME, AND IN MY NAME, AND FOR MY USE AND BENEFITS TO EXECUTE, AND NEGOTIATE, AND ENDORSE ANY AND ALL CHECKS, OR OTHER INSTRUMENTS PAYABLE TO ME WHILE IN THE TEEN CHALLENGE PROGRAM. THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY THE DISABILITY OF THE PRINCIPAL AND SHALL REMAIN IN FULL FORCE AND EFFECT FOR A PERIOD OF ONE (1) YEAR OR AS LONG AS STUDENT IS IN THE TEEN CHALLENGE PROGRAM.

IN WITNESS, WHEREOF, THE SAID PRINCIPAL HAS HEREUNTO SET HIS/HER HAND (OR WILLINGLY DIRECTED ANOTHER TO SIGN FOR HIM/HER) THIS _____ DAY OF _____.

STATE OF ARIZONA)
) SS.
 COUNTY OF _____)

ON THIS _____ DAY OF _____, BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING POWER OF ATTORNEY AND ACKNOWLEDGED THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSE THEREIN EXPRESSED. IN WITNESS, WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC SIGNATURE _____ COMMISSION EXPIRATION _____



THE NOTARY PUBLIC SIGNATURE AND SEAL WILL ALSO SERVE AS VERIFICATION THAT THE PROGRAM APPLICANT HAS READ AND UNDERSTANDS AND IN SIGNING AGREES TO COOPERATE WITH “SECTION 7 - POLICIES AND ALL ENTRANCE REQUIREMENTS LISTED” IN ITS ENTIRETY AS WELL AS ALL OF THE TEEN CHALLENGE GENERAL RULES AND POLICIES OUTLINED IN THE STUDENT APPLICATION.

STUDENT/APPLICANT’S SIGNATURE _____ DATE _____