



I. PERSONAL INFORMATION

First Name: _____ Middle Initial _____ Last Name: _____

HOME ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Date of Birth: _____ Social Security #: _____

Can you read and write? Y/N _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

First Name: _____ Middle Initial _____ Last Name: _____

HOME ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

II. MARRIAGE AND RELATIONSHIPS

SPOUSE

First Name: _____ Middle Initial _____ Last Name: _____

SPOUSE'S ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Occupation: _____ Marriage Date: _____

CHILDREN: Please list the following for each of your children

First Name: _____ Middle Initial _____ Last Name: _____

Age: _____ Gender: _____

First Name: _____ Middle Initial _____ Last Name: _____

Age: _____ Gender: _____

First Name: _____ Middle Initial _____ Last Name: _____

Age: _____ Gender: _____

III. LEGAL INFORMATION

Have you ever been arrested or in jail? Y/N _____

Where? _____

Charges _____

Time Served _____

Are you on Parole or Probation? _____

Name of your parole / probation officer:

First Name: _____ Middle Initial _____ Last Name: _____

ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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? _____

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 _____

Are you currently receiving any kind of government assistance? Y/N _____

If yes, please check all that apply:

_____ Food Assistance

_____ Cash Assistance

_____ Social Security

_____ Medicaid or State funded medical insurance

_____ Disability

If you checked "Disability", what is your disability? _____

IV. HEALTH INFORMATION

Rate your physical health from 1-10 _____

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: _____

Check all of the health issues you have or have had in the past:

_____ Tuberculosis

_____ Pneumonia Leukemia Bronchitis Anemia

_____ AIDS

_____ Toothache kidney Glaucoma Blackouts Hepatitis A Thyroid Ulcers Cancer

_____ STD

_____ Toothache Kidney Glaucoma Blackouts Hepatitis A Thyroid Ulcers Cancer

_____ Poor Eyesight Colitis

_____ Hepatitis B Prostate Arthritis Mental Illness Hepatitis C Depression MRSA

_____ Hearing Loss Cirrhosis Backache Epilepsy Diabetes 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 Program:

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, describe your previous employment, beginning with most recent employer.

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 kind of work skills do you have? (list any that apply)

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 _____

Did you complete High School? Y/N _____

Did you attend college? Y/N _____

Did you attend a trade school? Y/N _____

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