



RESIDENTIAL DISCIPLESHIP PROGRAM APPLICATION PACKET

Welcome to New Mexico Teen Challenge, one of the oldest, largest and most successful discipleship ministries in the state of New Mexico for helping people get set free from addictions.

We want to introduce you to our ministry. Teen Challenge started in Brooklyn, New York in 1958, by the late Rev. David Wilkerson. Rev. Wilkerson was a country preacher in Eastern Pennsylvania. Troubled by an article he read in LIFE magazine about seven (7) young teenagers on trial for murder, he sensed God wanted him to do something to help those teens. He eventually moved to New York to work full-time amongst the gang members. Out of this work “Teen Challenge” was birthed. Today Teen Challenge is a world-wide ministry with 1,100 centers and 27,000 beds available to offer help, hope, and healing to those addicted individuals looking for a change in their life and life-style.

Teen Challenge is not a clinical drug or alcohol treatment program – despite its success amongst that population. So while Teen Challenge largely, intentionally, and successfully ministers among an addicted population, Teen Challenge is an arm of the local church seeking to evangelize and disciple people who have life-controlling addictions.

Teen Challenge New Mexico offers a 10-12 month residential program. That program consists of:

1. Studies:
 - a. Group Studies – a traditional style of class training in such subjects as: How Can I Know That I am A Christian; Love and Accepting Myself; Overcoming Temptation; Anger & Personal Rights; Obedience to God and Man, etc.
 - b. There are fourteen (14) studies in all.
 - c. Personal Studies – students work on personal level regarding: Character Qualities; Scripture Memorization; Bible reading; Personal Reading; along with lessons designed to help a student come to grips with their personal problems.
2. Life Skills:
 - a. Every student will be assigned work details while they are a student...KP duty; cooking; lawn care; maintenance; other duties as assigned around the center; etc.
 - b. We endeavor to help our students develop good work habits and skills
3. Church Attendance:
 - a. Every Sunday each student will attend a church/chapel service along with the other staff and students.
 - b. There will be chapel services at each center – attendance is mandatory.
 - c. Church Rallies – some students will be asked to be on a ministry team from that center...this is a time for the student to share what God is doing in their life.
4. Community Events/Serving
 - a. Student will be expected to participate.

Our residential program is a loving, disciplined, and structured environment. An example of our daily schedule is provided for your reference.

Teen Challenge is about a total life commitment to an ultimate relationship by the student with Jesus Christ. We believe that addiction is sin and that we must begin at the root problem as well as address the effects of the problem in the student's life. A student will never understand their own value in the world until they understand their true identity and value in Christ. True discipleship is learning Jesus by experience. This ministry is marked by the presence of God. Discipleship is what we are all about.

We are already praying for you, even as you fill-out this application. We look forward to welcoming you to the Teen Challenge New Mexico family!

YOU WILL NEED TO BRING THE FOLLOWING WITH YOU:

1. At least (1) dress outfit, dress pants/skirt (must be below the knees), shirt with collar
2. Enough clothing to last (1) week:
 - a. Casual clothes for classroom: long shorts, capris, long pants, pullover, etc.
 - b. Work clothes appropriate to the season. Students work outdoors.
3. Shoes & socks: dress (low heel), work (comfortable closed-toe), casual
4. Underwear (Thong underwear is not permitted)
5. Bras (To be worn at all times outside the room)
6. Modest pajamas and slippers
7. Enough personal hygiene products to last 60 days
8. Personal items, hairbrush, toothbrush, etc.
9. Tampons and/or sanitary napkins
10. Laundry detergent, laundry basket, and dryer sheets
11. Towels and wash cloths enough for 3 days
12. Shower sandals
13. Any approved medication
14. OTC medication in original container (Executive Director approval needed). No sleeping aids.
15. Sheets, blanket, and pillow to fit twin bed
16. Bible, any version except Life Recovery. Preferably NIV, KJV, NKJV, or NLT
17. Writing utensils, paper, notebook, 3-ring binder, etc.
18. Envelopes, stationary, postage stamps
19. Alarm clock without radio
20. Addresses and phone numbers of:
 - a. Immediate family members (Only those approved and on visitation list)
 - b. Probation and Parole Officers
21. List of projected court dates, if any (Families are required to transport students to court. So please plan ahead.)
22. Return bus fare, if utilizing bus transportation from Teen Challenge NM to your home (Cash, money order, or cashier's check- Nonrefundable, if program is not completed)

FORBIDDEN ITEMS:

Please do not bring: cell phones, cameras, iPods/mp3players, electronic gaming devices, laptop computers, radios, stereos; personal vehicles, motorcycles, or bicycles; mouth wash, rubbing alcohol or other hygiene products containing alcohol; aerosol products; markers or highlighters with offensive odors, liquid white out, etc.; secular books, magazines, music of non-Christian material; burned compact disks (CD) or DVDs; AA-NA-CA literature or books; materials or behavior, associated, or identified with witchcraft, astrology, new age, or anything related to demonic acts of worship; t-shirts or items that have cigarette ads, alcohol ads, sexually suggestive material, gang related emblems; photos of boyfriends or male acquaintances; pornography or sex toys of any kind; tobacco in any form, alcohol, illegal drugs, or paraphernalia; lighters or matches; firearms, knives or anything that can potentially be used as a weapon of any type to harm self or others and to include corresponding supplies; pets; and , gum and/or unwrapped candy. **Do not bring any substance that can be huffed or consumed such as, but not limited to, the above items. Unauthorized items will be disposed of.** Personal belongings will be searched upon entrance into Teen Challenge New Mexico.

Teen Challenge New Mexico, Inc.
PROGRAM RULES AGREEMENT

The following are just some of the basic rules of Teen Challenge New Mexico. You will be provided with a complete list of rules upon admittance.

CHRISTIAN GROWTH CENTER:

1. I understand that Teen Challenge is a Christian Growth Center, and I agree to be subject to Biblical teaching and Christian forms of behavior.
2. I agree to assume personal responsibility for my own attitude and behavior at all times. I understand that what program authority calls incorrect behavior and a bad attitude will be confronted and may be disciplined if necessary. I will agree to do the disciplinary action or project with an improved attitude.
3. I understand that my main purpose for being in the program is to learn a new way of life, not just to get off drugs.
4. I understand I am being introduced to the grace training and will participate in self-evaluations.

PERSONAL:

1. I will not possess or use drugs at any time, including psychiatric medication.
2. I will not smoke or have tobacco products in my possession.
3. I will not curse or use off-color expressions or bodily gestures.
4. I will not talk about street life, drugs, or reminisce about past wrong doings.
5. I will not horseplay or engage in any other inappropriate body contact.
6. I will not become part of a clique.
7. I will not call other people names.
8. I will not go outside of the house without staff permission.
9. I will not bring a radio, tape recorder, musical instrument, books, knives, lighters, etc.
10. I will not grow a beard (men) while in the program.
11. I will not sing, whistle, or hum secular songs while in the program.

FAMILY:

1. I will agree to the staff screening and reading my mail.

2. I agree to write only members of my immediate family - no letter writing to girl/boyfriends.
3. I agree to make (or receive) only two phone calls per week, after a 14-day waiting period.
4. I agree not to have any visits from my immediate family until after 21 days.

GROUP:

1. I agree to participate in all scheduled activities including class, chapel, church, work, and recreation. I will do what I'm required to do in each of these activities.
2. I agree to conduct myself in a Christ-like manner and will not do anything in public that will call attention to myself or reflect badly upon the whole group.
3. I understand the length of the Teen Challenge Program is a minimum of 10-12 months. I agree to commit to complete the entire Teen Challenge Program.

DISCIPLINE:

1. I understand that I'm expected to be prepared, in place, and on time for all my scheduled activities 24 hours a day. I also understand that any tardiness and other forms of carelessness will result in disciplinary action.
2. I understand that my room must be kept in a neat and orderly manner at all times. I agree to work together with my roommates to keep it clean and in shape for inspection.
3. I understand there will be a dress code.
4. I understand there will be a grooming code: shave before breakfast (men), hair combed (also before breakfast and throughout the day), and shower once a day in the evening, etc.
5. I understand that disciplinary action may include: extra duty, loss of privileges, suspension, or dismissal.

I have read these Rules and my signature indicates that I have a good understanding of them and that I'm willing to commit myself to these agreements and to the more detailed Handbook agreements I will receive upon Intake.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Teen Challenge New Mexico, Inc.
APPLICATION

PERSONAL

Date: _____ Name: _____ Date of Birth: _____
Street Address: _____ City/State/Zip: _____
Phone Number: _____ Social Security #: _____

Any prior Teen Challenge? Yes/No _____
Marital Status: Single/Engaged/Married/Divorced/Boyfriend/Girlfriend _____
Have you ever engaged in homosexual activities? Yes/No _____
If yes, how recently? _____
Other treatment/recovery? Yes/No _____ Wedding Date? _____
If yes, where? _____ Children: Yes/No _____
Are you currently incarcerated? Yes/No _____ Primary Caregiver _____
If yes, where? _____

What types of life-controlling problems are you having, and why do you feel you need to come to Teen Challenge?

What would you say led to your drug use?

What do you think this program can do for you?

What are your current living conditions?

EMERGENCY NOTIFICATION

Name: _____ Phone Number: _____
Address: _____ Zip: _____
Relationship: _____

INTEREST IN RECOVERY

Referred by: _____

How do you rate your need to enter the Teen Challenge program?

Emergency Whenever there is an opening I do not need the program

Do you believe you have a serious problem? Yes/No

Explain: _____

What do you hope to get out of this program? _____

Check all the reasons that best describe why you want to enter this program:

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

Check the information that describes your drug history and identify the severity:

| Drug | Severity | Currently using | Drug | Severity | Currently using |
|-------------------------------------|------------------|------------------------------|---|------------------|------------------------------|
| <input type="checkbox"/> Alcohol | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Amphetamines | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Marijuana | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Heroin/Opiates | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Glue/Paint | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Hallucinogens | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Cocaine | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Barbiturates | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Inhalants | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> Bath salts | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Crystal | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> | 1 -----5----- 10 | <input type="checkbox"/> Yes |
| <input type="checkbox"/> | 1 -----5----- 10 | <input type="checkbox"/> Yes | <input type="checkbox"/> | 1 -----5----- 10 | <input type="checkbox"/> Yes |

ADDITIONAL INFORMATION

Check all the statements that are currently true to your life:

- | | |
|--|--|
| <input type="checkbox"/> I have a problem with violence | <input type="checkbox"/> I consider myself to be homosexual |
| <input type="checkbox"/> I am confused about my sexual orientation | <input type="checkbox"/> I love my family |
| <input type="checkbox"/> I am suicidal | <input type="checkbox"/> I lose control when I am angry |
| <input type="checkbox"/> I hate myself | <input type="checkbox"/> I don't think it's wrong that I'm a lesbian |
| <input type="checkbox"/> I yell at my kid | <input type="checkbox"/> I am proud of my sexual activity |
| <input type="checkbox"/> I was sexually abused as a child | <input type="checkbox"/> I am ashamed of my lifestyle |
| <input type="checkbox"/> I sometimes or frequently cut/hurt myself | <input type="checkbox"/> I have been arrested for sexual actions |
| <input type="checkbox"/> I want to become sexually pure | <input type="checkbox"/> I don't need help with my problems |
| <input type="checkbox"/> I want to change my life at any cost | <input type="checkbox"/> I need help raising my kids |

Have you ever been convicted of a sex offense? Yes/No

If yes, explain: _____

Are you registered in any state as a sex offender? Yes/No

Degree: __1 __2 __3 If yes, explain: _____

Have you ever committed your life to Jesus? _____

Were you raised in church? Yes/No Church Name: _____

Have you ever been involved with a cult? Yes/No If yes, explain: _____

Did program applicant complete this application personally? Yes/No

Explain: _____

LEGAL

Are you currently incarcerated? Yes/No If yes, where? _____

Parole/Probation/Bail: Yes/No Name of PO: _____ Phone: _____

Attorney: _____ Phone: _____

Pending Court Cases? Yes/No If yes, explain? _____

Outstanding Warrants? Yes/No If yes, explain? _____

Crime: _____ Sexual or Violent Crimes: _____

MEDICAL

Have you ever seen a psychiatrist? Yes/No Diagnosis? _____

Psychiatric hospitalization? Yes/No If yes, explain. _____

Suicide attempts? Yes/No If yes, explain? _____

Eating Disorder? Yes/No If yes, explain? _____

Self-Injury/Mutilation? Yes/No If yes, explain? _____

Are you on any medication? Yes/No

If yes, explain? _____

(If you are on mood enhancing anti-depressants, anti-anxiety, or narcotic medication, you will not be allowed to take these in our program. Please seek doctor's care if you are interested in coming off of unapproved meds to access our residential program. A medical release from your doctor stating you have safely detoxed will be needed. We do not have medical personnel on staff.)

History of Medical Problems: Yes/No If yes, describe: _____

Physical Disorder/Disease/Physical Limitations: Yes/No If yes, describe: _____

FINANCIAL

Welfare Social Security Payments Unemployment Compensation
 Alimony Workmen's Compensation Disability Payments
 Other Income _____

(If receiving disability, you will be required to remit 25% of your income, not to exceed \$1000 per month, while at Teen Challenge New Mexico)

Return bus fare (nonrefundable)

A sponsorship program is in place if family would like to help support you while you are at Teen Challenge New Mexico. Arrangements can be made with the Program or Executive Director.

WORK/EDUCATION

Work History/Special Trade Skills? _____

Education Level? _____

Applicant Signature: _____ Date: _____

Teen Challenge New Mexico, Inc.
HEALTH SCREENING FORM

TO BE COMPLETED BY PHYSICIAN ONLY

Today's Date _____

1. Name: _____ D.O.B.: _____

2. Present Illness/Complaint/Disabilities, if any: _____

3. Allergies: _____

4. Medicine currently prescribed and reason: _____

5. Has client been exposed to any communicable diseases: Yes/No If yes, please specify:

6. History of chronic or major illness: _____

7. Operations: _____

8. Hospitalizations: _____

9. Immunizations: Last Tetanus Toxoid _____ Polio _____ Measles _____
Mumps _____ Rubella _____ Other _____

PHYSICAL EXAMINATION

TO BE COMPLETED BY PHYSICIAN ONLY

Height _____ Weight _____ B/P _____
 Pulse _____ Respirations _____ Temperature _____

General Appearance (including schemata of drug abuse)

Nutrition: _____
 Head: _____
 Skin: _____
 Ears: _____
 Hearing: R ____ L ____
 Eyes: _____
 Vision: R ____ L ____ (Without Glasses)
 R ____ L ____ (With Glasses)

| | | | |
|--------|---------|-------------------|--------------|
| Nose | Throat | Mouth/Teeth | Neck/Thyroid |
| Chest | Cardiac | Muscular-Skeletal | Genitalia |
| Hernia | Abdomen | Neurological | |

Code: Satisfactory = S Unsatisfactory = U Not Examined = O

| Required Blood Tests | Required Tests | Required Tests (Female) | Optional Tests |
|-----------------------------------|---------------------------|------------------------------|-----------------------------|
| __ Hepatitis A B & C __ H.I.V. | __ T.B. __ Chest X-Ray | __ Pregnancy __ Pap Smear | __ CBC __ Liver Function |

Note: Attach computer printouts of all test results before mailing application.

**Results of TB test must be provided to intake coordinator.*

General comments, assessments, and recommendations on above: _____

Physician Signature: _____
 Address: _____

 Phone Number: _____

Teen Challenge New Mexico, Inc.

RELEASE OF ALL RIGHTS IN PERSONAL STORY

1. In consideration of and as a condition to my admission to Teen Challenge New Mexico, recovery and discipleship program, I hereby give Teen Challenge of New Mexico and its sub-licensees, assigns and legal representatives including, but not limited to Teen Challenge USA and Global Teen Challenge the perpetual, unlimited, but revocable worldwide right to use, publish and/or broadcast my name and personal story which I have related to Teen Challenge of New Mexico in whole or in part, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify an edit any film, videotape, audiotape and photograph taken or made of me during my participation in the program, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them.
2. The Licensee will not use any information about me other than what I voluntarily and personally provide.
3. I agree that all recordings, video, film, photography, drawings or other images taken or made of me or my children by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use to which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.
4. I hereby release, discharge and agree to hold the Licensee, its sub-licensees and all persons acting with its permission or authority harmless from any claim, demand or liability attributable to any use or activity authorized herein, including without limitation any claims for defamation, libel or invasion of privacy or publicity rights.
5. I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.
6. I understand that upon ninety days, written notice from me to Teen Challenge of New Mexico the Program will discontinue all uses and activities authorized above, and, if it has authorized third parties to make such uses or engage in such activities, it will make reasonable efforts to see that such third party or parties discontinues them as well.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

APPLICANT’S FINANCIAL RESPONSIBILITIES:

1. Physical examination, including blood tests and TB Skin test, before entrance into Teen Challenge New Mexico. (Required)
2. Return bus fare (as determined by intake coordinator) from Teen Challenge New Mexico to your hometown.
3. Student account money not to exceed \$30 on account. Checks are to be made payable to the student, not Teen Challenge New Mexico. *(Nonrefundable if program is not completed)*
4. Accept responsibility for payment of any of the following: Medical and dental bills, eye examination, glasses, clothing, long distance phone calls. (If necessary)
5. If receiving disability, student is required to remit 25% of income, not to exceed \$1000, per month, while at Teen Challenge New Mexico.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

OFFICIAL AIDS POLICY

1. 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.
2. 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.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

COLD TURKEY POLICY

1. 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.

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

SEXUAL/MORAL STANDARD

1. Teen Challenge New Mexico 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.

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

STUDENT RIGHTS

1. The right to give informed consent, or to refuse treatment or medication, and to be advised of the consequences of such a decision.
2. The right to a grievance procedure.
3. The right to a humane and safe environment, free from abuse, neglect, and exploitation.
4. The right to dignity and personal privacy.
5. The right to know about the cost and third-party coverage of treatment, including any limitations on the duration of treatment.
6. The right to receive a complete explanation of student rights in clear, non-technical terms in a language the student understands.
7. The right not to be detained against the legal consenter's will.
8. The right to medical or psychological/psychiatric care either through referral or direct service delivery.
9. The right to be informed of the financial responsibility for these services.

Applicant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

STUDENT ACKNOWLEDGEMENT REGARDING WORK ASSIGNMENTS

1. I understand that if I am admitted, I will be performing my work assignments not as an employee of Teen Challenge, but solely for my benefit, to further my spiritual growth, maturity, character development, recovery, and readiness to go back into the work place.
2. Accordingly, by submitting this application, I am not applying for a position of employment, and if admitted, I understand I will not be receiving any compensation or in-kind benefits in exchange for the performance of any work assignments.
3. I further understand that if I fail to perform my work assignments, Teen Challenge may revoke my status and privileges as student, not because performance of work assignments are the consideration for the receipt of such status and benefits, but because each student participation in the work therapy program is a necessary and vital part of the recovery process.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

CONFIDENTIALITY OF TEEN CHALLENGE RECORDS

1. 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:
 - a) The student consents in writing.
 - b) The disclosure is allowed by a court order.
 - c) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
2. 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 neglect from being reported under state law to appropriate state or local authorities.
3. 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: _____

Staff Signature: _____ Date: _____

RELEASE OF RESPONSIBILITY

1. I understand that Teen Challenge 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.
2. I release the right to Teen Challenge to search my belongings and my person.
3. 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.
4. I will submit to periodical blood or urinalysis drug screening while in the program.
5. I release Teen Challenge from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.
6. 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.
7. I understand that I must provide a medical examination including laboratory tests for admittance into the program.
8. I understand that Teen Challenge New Mexico, 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: _____

Staff Signature: _____ Date: _____

CONFIDENTIAL RELEASE

1. I, _____, hereby grant a full release of medical information to Teen Challenge and its agents. I further grant Teen Challenge or its agents the right to have conferences, including telephone conferences, with your agency or affiliates for purposes of discussing said information for purposes of effecting satisfaction of the needs and purposes of Teen Challenge.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

MEDICAL AUTHORIZATION RELEASE

- 1. I, _____, hereby authorize Teen Challenge New Mexico to make arrangements for any emergency medical assistance that may be required due to illness or injury on my behalf.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

STUDENT PARTICIPATION AGREEMENT:

- 1. I agreed to the policies of Teen Challenge New Mexico. I do hereby state that I wish to enter into their 10-12 month program and will remain there until it is decided by both staff and myself that I am ready to leave. I understand the second phase of the program is a minimum of eight months regardless of the time spent in the first phase.
- 2. I understand that if I am dismissed from or leave the program, there will be a 30-day wait period before I will be considered for re-entering the program.
- 3. I understand that if I decide to leave, I forfeit all donated items I have acquired during my stay in the program.
- 4. I have read and understand Teen Challenge student rules. I voluntarily choose to abide by said rules and policies and cooperate with Teen Challenge staff for my betterment. I understand that If I do not cooperate with the rules and policies of Teen Challenge, I can be dismissed from the program. It is further understood that if I do not cooperate with the rules and regulations of Teen Challenge New Mexico, I can be asked to leave.
- 5. I understand that if I decide to leave or am dismissed, I must receive prior approval from Executive Staff to come back on campus.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

LIMITED POWER OF ATTORNEY

- 1. I, _____, a resident of _____ county, New Mexico, hereby make, constitute, and appoint Teen Challenge New Mexico, Inc., a New Mexico 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, warrants, or other instruments payable to me from any third-party, entity, the State of New Mexico or the Department of Economic Security or Social Security Administration for a period of one (1) year from the date of this instrument or as long as benefits last while in the Teen Challenge program.

2. 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 benefits last while in the Teen Challenge program.
3. 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 New Mexico)
) SS.
 County of _____)

On this _____ day of _____, _____ before me, the undersign 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 of, I have hereunto set my hand and official seal.

Notary Public Signature _____ Commission expiration _____

6. 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 all policies in its entirety as well as all of the Teen Challenge general rules and policies outlined in the student application.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____