

COMMUNITY LIFE SKILLS OUTREACH CENTER

"Redeeming Broken Lives"

CLIENT APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle	Date
Current Address: City		State	Zip Code
Cell Phone Number	Work Phone Number	Email	
() - - -	() - -		
Emergency Contact Phone Number	Relationship (mom, dad etc.)	Email	
() - - -			
Date of Birth		State of Birth	Zip Code
____/____/____			

BACKGROUND HISTORY

Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic violation? (a yes answer may not necessarily disqualify you)
Yes / No (circle one) If Yes Please Describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Have you ever been accused of, investigate or charged with any type of abuse, violence or sexual offence? (a yes answer may not necessarily disqualify you)
Yes / No (circle one) If Yes Please Describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Are you currently under charges of any criminal offence? (a yes answer may not necessarily disqualify you)
Yes / No (circle one) If Yes Please Describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Are you currently being prescribed any medication? (a yes answer may not necessarily disqualify you)
Yes / No (circle one) If Yes Please Describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Describe your general health at this time. Poor Health Fair Health Good Health Excellent Health Do you have any health issues, impairments or disabilities which might prevent you from fully participating in our program? (You should be able to lift 25 pounds) (a yes answer may not necessarily disqualify you) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Mission: Teaching Life Skills and Sharing the Good News of Jesus Christ

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REFERRAL SOURCE

How did you hear about Community Life Skills Center?

Word of Mouth	Name:	Contact Information:
Personal Referral	Name:	Contact Information:
Church Referral	Name:	Contact Information:
Other	List:	Contact Information:

REFERENCES

Please provide the contact information of three (3) references:

Reference Name	Relationship To You	Reference Phone Number	Time Known
1)		() -	
2)		() -	
3)		() -	

EMPLOYMENT STATUS

Current Employer	Supervisor Name	Supervisor Phone Number	Employment Length	Salary / Hourly Wage
		() -		
Previous Employer #1	Supervisor Name	Supervisor Phone Number	Employment Length	Salary / Hourly Wage
		() -		
Previous Employer #2	Supervisor Name	Supervisor Phone Number	Employment Length	Salary / Hourly Wage
		() -		

GENERAL ASSESSMENT

What is your Church and Spiritual History?

List three (3) strengths that you have:

1)

2)

3)

List two (2) weaknesses that you have:

1)

2)

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What do you think the purpose of Community Life Skills Outreach Center is?

How do you think Community Life Skills Outreach Center could best help you?

By signing this document, I understand that I am not guaranteed acceptance into Community Life Skills Outreach Center. I understand that staff from Community Life Skills Outreach Center may contact my employers, and/ or my references. I also understand that any program or room fees associated with Community Life Skills Outreach Center, do not constitute a landlord-tenant relationship, and that no such relationship is being offered, nor would it be established by my acceptance into Community Life skills Outreach Center living.

Applicant Signature: _____

Date: _____

CONTACT INFORMATION

COMMUNITY LIFE SKILLS CENTER

404 EASTLINE ROAD, SEARCY, AR 72143

Phone: 501-388-0701

communitylifeskills@gmail.com

www.communitylifeskills.org

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