



## **MEN'S NEW LIFE PROGRAM**

A ministry of the Redwood Gospel Mission

101 6<sup>th</sup> St., Santa Rosa, CA 95401

707-542-4817 Phone      707-544-6185 Fax      [www.srmission.org](http://www.srmission.org)

This is a huge step forward in your recovery. It takes a tremendous amount of courage to even apply to a program. We hope to be an encouragement to you as you move forward. We are not here to judge you; we are here to help. Please know that your information will be treated with the utmost respect for privacy. Any information obtained is for the sole purpose of determining if this program is a good fit for your needs and will not be released to any outside agency for any reason without your specific written consent to such a disclosure.

There are a few things we would like to tell you about our program up front:

1. We are faith-based. You do not need to be a Christian to enter, and we do not require that you become a Christian at any point in the program. However, our program is Bible-based, and we do lead our classes from a Christian perspective. All we ask of you is for an open-minded and willing attitude towards Christian teachings.
2. Our program is not able to accommodate anyone using narcotics, benzodiazepines, or muscle relaxers. Other medications such as, but not limited to, psychotropics, anti-depressants, and anti-anxiety medications will be addressed on a case-by-case basis but are not necessarily disqualifiers.
3. We are a non-smoking program. Nicotine is a highly addictive drug, and we recognize its negative impact on your overall health and well-being. You may use nicotine replacement therapies during the first 30 days of the program but must be nicotine free before phasing into the program.
4. We are a time-out from romantic relationships (except for a legal marriage)
5. Because our program is designed for those who have no other resources, those accepted into the program are not allowed to accept any outside income (such as SSI, SSDI, Unemployment, GA, etc.) while in the program. We ask that if you are unwilling to discontinue the outside income, that you assign a payee that will work together with program management to safeguard your savings.
6. The program can accommodate up to 40 men. Space is limited so we do have guidelines on the number of items you can bring into the program. More information on this will be provided upon your acceptance.

Please fill out your application **clearly and honestly**. If possible, please follow up by phone after submission, George Robertson (NLP Mgr.) at 707-542-4817. You may also contact us with any questions you may have on the information stated above. May God guide and protect you on your quest for a New Life!!



# NEW LIFE PROGRAM APPLICATION

Attn: NLP Manager., 101 6<sup>th</sup> St., Santa Rosa, CA 95401  
707-542-4817 Phone 707-544-6185 Fax www.srmission.org

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address \_\_\_\_\_

CDL# or ID# \_\_\_\_\_ Phone# \_\_\_\_\_ Medi-Cal# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

## LIFE CONTROLLING ISSUES

1. Please describe your life controlling issues: \_\_\_\_\_
2. Why do you desire to join the NLP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever participated in a 12-step program? Yes \_\_\_ No \_\_\_ (ex. AA/NA/GA): \_\_\_  
Did you complete all 12 steps with a sponsor? Yes \_\_\_ No \_\_\_ If no, how many steps did you complete? \_\_\_\_\_  
Why did you not complete the steps? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever attended a residential treatment program? Yes \_\_\_ No \_\_\_ Which program(s): \_\_\_\_\_  
\_\_\_\_\_
5. What was your longest period of sobriety (Mo/Yrs.)? \_\_\_\_\_ How did you accomplish that? \_\_\_\_\_  
\_\_\_\_\_
6. Do you use tobacco of any kind? (Includes e-cig or vaping) Yes \_\_\_ No \_\_\_ Are you willing to quit? Yes \_\_\_ No \_\_\_

## LEGAL STATUS

1. Do you have any current court cases/warrants? Details: \_\_\_\_\_  
\_\_\_\_\_
2. Do you have an attorney/public defender? Yes \_\_\_ No \_\_\_ Name & phone number: \_\_\_\_\_
3. Are you on probation? Yes \_\_\_ No \_\_\_ If yes, for what offense? \_\_\_\_\_  
End date: \_\_\_\_\_ Probation officer's name & phone number: \_\_\_\_\_
4. Do you have to register with the police department? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_
5. Do you have any court ordered classes (ex. DDP/Anger Management)? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
6. Are you currently incarcerated? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_
7. When is your expected release date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is it contingent upon acceptance into a program? Yes \_\_\_ No \_\_\_  
Details: \_\_\_\_\_

## FINANCIAL INFORMATION

1. Do you receive a monthly income? (ex: SSI or Unemployment) Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_
2. Are you expecting any outside source of income? Tax Return \_\_\_ Inheritance \_\_\_ SSI back pay \_\_\_ Other \_\_\_\_\_
3. Are you willing to designate a payee for any income that you receive after entering the program? Yes \_\_\_ No \_\_\_  
Payee Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## FAMILY INFORMATION

1. Marital Status: (circle one) Married Single Divorced Do you have any children? Yes \_\_\_ No \_\_\_
2. Children(s) names/ages) \_\_\_\_\_
3. If your children are minors, please provide guardian's name, address, and phone number in line below: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have friends/relatives who work for the RGM? Yes \_\_\_ No \_\_\_ Name(s): \_\_\_\_\_

### **SPIRITUAL HISTORY**

1. If you have had the spiritual experience described as being "born again", please share a short testimony:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you open to the possibility of God's Spirit transforming your life based on Biblical principles? Yes \_\_\_ No \_\_\_

### **HEALTH HISTORY**

1. Please describe your health: (Circle one) Poor Fair Good Excellent
2. Do you have any physical disabilities/limitations? Please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been diagnosed with a mental health condition? Yes \_\_\_ No \_\_\_ Please describe: \_\_\_\_\_  
\_\_\_\_\_  
Have you been prescribed medication for your condition? Yes \_\_\_ No \_\_\_ please list: \_\_\_\_\_  
\_\_\_\_\_ Are you currently taking this medication? Yes \_\_\_ No \_\_\_
4. Are you currently taking any other prescribed medications? Yes \_\_\_ No \_\_\_ please list: \_\_\_\_\_  
\_\_\_\_\_
5. Are you able to lift 25 lbs.? Yes \_\_\_ No \_\_\_ Are you able to use the stairs? Yes \_\_\_ No \_\_\_
6. When was the last time you were tested for: Hep-C: \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_ TB: \_\_\_/\_\_\_/\_\_\_ Pos \_\_\_ Neg \_\_\_
7. Do you have any other health issues that you would like to disclose? \_\_\_\_\_  
\_\_\_\_\_

### **OTHER INFORMATION**

1. Education (Grades completed): \_\_\_\_\_ High School Diploma/GED equivalent: Yes \_\_\_ No \_\_\_  
College: \_\_\_\_\_ Trade School: \_\_\_\_\_ Other: \_\_\_\_\_
2. Are you a Veteran? Yes \_\_\_ No \_\_\_ In which branch did you serve? \_\_\_\_\_ Discharge date: \_\_\_/\_\_\_/\_\_\_
3. Are you willing to accept and follow Redwood Gospel Mission's grooming policies? Yes \_\_\_ No \_\_\_
4. I agree to give up any unmarried romantic relationships and refrain from new ones while in the NLP: Yes \_\_\_ No \_\_\_
5. Have you participated in any of the RGM's programs in the past? If yes, please list programs and dates:  
(NLP/TSP/Guest) \_\_\_\_\_
6. I understand that this is a Christian faith-based program, and that Biblical instruction, studies and prayer are at the core of our program.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_/\_\_\_/\_\_\_

**Please return to New Life Program Manager at the above address**



# Model Release

I give my consent and full right to use my name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission to be filmed or taped by the Redwood Gospel Mission or the news media.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Signature of Model                                      Date

\_\_\_\_\_  
Signature of Witness                                      Date