

**MERCY HOUSE TEEN CHALLENGE**  
**Student Application - "Strictly Confidential"**

Please print in ink or type when completing this form

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***PERSONAL DATA AND INFORMATION***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Residence Cell M/F Gender at Birth

Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No  Valid  Expired  Suspended

If yes please fill out: Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

If no please explain: \_\_\_\_\_

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***NEXT OF KIN / IN CASE OF EMERGENCY***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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***WHO HAS REFERRED YOU TO TEEN CHALLENGE?***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_



## Medical History Form

Name \_\_\_\_\_ DOB \_\_\_\_\_

**(Mark all that you have been DIAGNOSED with)**

### Medical History:

Asthma \_\_\_\_\_  
Back Problems \_\_\_\_\_  
Celiac Disease \_\_\_\_\_  
Colitis \_\_\_\_\_  
Crohn's Disease \_\_\_\_\_  
Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_  
Fetal Alcohols Syndrome \_\_\_\_\_  
Gastric Bypass Surgery \_\_\_\_\_  
Head Trauma/TBI \_\_\_\_\_  
Heart attack/Stroke \_\_\_\_\_  
Hepatitis \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_  
HIV/AIDS \_\_\_\_\_  
Pancreatitis \_\_\_\_\_  
Respiratory Problems \_\_\_\_\_  
Seizure Disorder/Withdrawal \_\_\_\_\_  
STI/STD \_\_\_\_\_  
Tuberculosis \_\_\_\_\_

### Mental Health History:

ADD/ADHD \_\_\_\_\_  
Anorexia (active?) Yes \_\_\_\_\_ No \_\_\_\_\_  
Anti-Social Personality Disorder \_\_\_\_\_  
Anxiety Disorder/Panic Attacks \_\_\_\_\_  
Autism/Asperger's \_\_\_\_\_  
Bipolar Disorder \_\_\_\_\_  
Borderline Personality Disorder \_\_\_\_\_  
Bulimia (active?) Yes \_\_\_\_\_ No \_\_\_\_\_  
Depression \_\_\_\_\_  
Dissociative Identity Disorder \_\_\_\_\_  
Narcissistic Personality Disorder \_\_\_\_\_  
Personality Disorder \_\_\_\_\_  
PTSD/Trauma \_\_\_\_\_  
Rape \_\_\_\_\_  
Schizoaffective Disorder \_\_\_\_\_  
Schizophrenia \_\_\_\_\_  
Sexual Abuse \_\_\_\_\_  
Suicide Thoughts/Attempts \_\_\_\_\_  
Hallucinations \_\_\_\_\_

**If a dental or medical need arises, it is my duty to contact a staff member immediately.**

I affirm that the above information is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Staff Notes and action plan if applicable:

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL CARE  
CONSENT FORM**

Name of New Student: \_\_\_\_\_

List of Drug Allergies, if known: \_\_\_\_\_

\_\_\_\_\_

List two individuals to be contacted in case of emergency:

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\*\*This form expires upon graduation or discharge of the student from Mercy House Teen Challenge\*\*

# MEDICAL RELEASE

I, \_\_\_\_\_ hereby state that my medical Doctor would not sign a release for me to stop taking my Psychotropic Medication(s) and that I quit taking my Medication(s) on my own free will. I also release Mercy House Teen Challenge from all known and unknown medical liabilities.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date

## MEDICAL & DENTAL ACKNOWLEDGEMENT

I, \_\_\_\_\_ understand that during my stay at Mercy House Teen Challenge I will be required to follow their disciplinary training. I may be required to get involved in some strenuous duties and I hereby state that I am in good physical health, and I am in no need of dental care. I also acknowledge that should a pre-existing illness or ailment affect my ability to follow the prescribed disciplinary training, I may be asked to leave the program until said illness / ailment is remedied and a clearance to return is signed by a Medical Doctor or Dentist. I also understand that should I leave; I must call back and talk to the Program Director before being allowed to re-enter Mercy House Teen Challenge.

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Student's signature

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Date

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Staff's signature

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Date

**If a dental or medical need arises, it is my duty to contact a staff member immediately.**

# INTAKE INVENTORY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Student's name: \_\_\_\_\_

The following items were surrendered by the student during intake to be kept in a secure place until the student becomes an Intern, graduates or is dismissed.

Cash: \_\_\_\_\_

Wal-Mart Card: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# CORRESPONDENCE, PHONE & VISITATION AUTHORIZATION

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

5) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Approved:  Yes  No

By my signature I am requesting Teen Challenge to send the above loved ones a monthly newsletter

Copies to:  Administrative File  Contacts File  Student Services

# INDUCTION FEE AGREEMENT and PERSONAL ACCOUNT

I, \_\_\_\_\_ agree that I am responsible for  
Responsible party

the balance of the Induction Fee of \$700.00 and that it will be paid in full within six months of the student's entrance into Mercy House Teen Challenge program. I understand that this is a nonrefundable fee and is not contingent upon the student remaining active. Also, if the fee cannot be paid within the six months any personal monies will be applied to the debt. (Induction Fees are for services rendered and therefore are not tax deductible).

\_\_\_\_\_

Responsible party's signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print responsible party's name

\_\_\_\_\_

Witness' signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Witness' name

(Make a copy of signed document for responsible party)



# Intake Fee Agreement Form

This form is designed to bring clarity to all parties that Mercy House Adult and Teen Challenge is NOT a FREE Program. The costs associated with running this program are very expensive just considering 3 meals a day and boarding; not to mention the staff payroll, insurance, fuel expenses and educational material just to name a few.

If you leave the property at any time **without consent of a staff member** you will automatically be **DISCHARGED** from the program. You will also forfeit any money on your account along with any possessions you have at this facility. This option to leave this facility is inappropriate behavior and will not be tolerated and any possessions left will be considered a donation made to the ministry.

If you leave prior to graduation, any incentive money made while at Mercy House will also be forfeited.

I acknowledge that this 14 month minimum program fee is \$700 and is required to be paid by all students that enter the program. There will be options to pay as follows that will be made available on a case by case basis.

	<b>Student Name</b>
<input type="checkbox"/> Paid in Full \$700.00	_____
<input type="checkbox"/> \$350 plus 4 payments of \$100.00	<b>Print Name</b>
<input type="checkbox"/> Other arrangement (details below).	
_____	
_____	
_____	

If intake fee is not paid in full, 50% of all funds received will be applied to cover the intake cost associated with each student.

I, \_\_\_\_\_ acknowledge this agreement and accept responsibility for student \_\_\_\_\_ . My relationship with him is \_\_\_\_\_ and I agree to submit \_\_\_\_\_ to:

M.H.A.T.C. PO Box 266, Georgetown, MS. 39078

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Signature of Consent**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Print Name**

## STUDENT CONTACT GUIDELINES & PROCEDURES

I, \_\_\_\_\_ hereby acknowledge that there is to be no contact, (verbally, written or through physical gestures), with any member of the opposite gender. I also understand that there is a zero-tolerance regarding this policy and that violation of this policy will result in immediate expulsion from Mercy House Teen Challenge.

\_\_\_\_\_  
Print student's name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print witness' name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date

## STUDENT'S RIGHTS

As an incoming student at Mercy House Teen Challenge, you are hereby advised of your rights in this program.

This is a voluntary program, and you are free to leave at any time. There will be no restraints used at any time. We are here to help and advise you.

You will receive a copy of this form and all others that you are asked to sign.

- No student shall be deprived of civil rights by reason of treatment.
- The student shall not be discriminated against.
- The student shall have the right to inspect his record.
- If the student is denied access to his record, he has the right of appeal to this denial following the standard grievance procedure.
- The student may request correction or removal of information in the file and may submit rebuttal of information in the records.

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Print student's name

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Student's signature

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Date

# CIVIL RIGHTS WAIVER ACKNOWLEDGMENT

I, \_\_\_\_\_, understand that I have civil rights guaranteeing confidential communications by phone and mail as well as exercising the religion of my choice. Mercy House Teen Challenge is an evangelical Christian discipleship ministry for people with life-controlling problems. As such, I realize and submit to the ministry's expectations to attend Christian religious activities coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regulate and monitor my communications for a period determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures.

I fully understand my rights and what I am waiving.

\_\_\_\_\_  
Print student's name

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness' name

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date



**AUTHORIZATION TO USE/ DISCLOSE PROTECTED CONFIDENTIAL INFORMATION FOR MARKETING**

**PUBLIC RELATIONS AND EXTERNAL COMMUNICATION**

I \_\_\_\_\_ hereby authorize Mercy House Adult and Teen Challenge (MHATC) Christian growth and discipleship ministry and its sublicenses, affiliates, and legal representatives to use and/ or disclose protected information including my recovery story for promotional, inspirational, educational and/ or informational purposes including (a) on MHATC and its affiliate organization’s website, print, and electronic media, (b) to the local, public, state, and national government officials, (c) to reporters of local, state, and national media publications, including newspapers, magazines, and on-line media, and to reporters for local, state, and national television broadcast stations. I specifically authorize the use and/ or disclosure of the following protected information: my name, details about my addiction, recovery, and my story, my appearance on camera, in still photos, or video footage for use in publications (print or electronic), web sites, audio, video, television commercial, advertising, or film.

I consent to MHATC recording my voice, name, likeness, image, appearance, performance, or story (all referred to as “images”) by MHATC. I agree that the recording may be created in any form, including, but not limited to, photography, video recording, digital recording and may be transferred or duplicated using any form of media now known or later developed, including but not limited to digital imaging, computer media file, videotape, films, slides, audio tapes, and photographs. I agree that MHATC has full right to produce, use or re-use, copy, distribute, exhibit, and transmit images including, without limitations, the right to edit, mix, or duplicate, and to re-use images in whole or part as MHATC may elect. I agree that any images provided by me or recorded of me in whole or part become the sole property of MHATC in perpetuity and that MHATC shall, in its sole discretion, decide if, when, and how images are to be used. I release MHATC of all claims I might have to control my images including but not limited to, claims based on a violation of the right to privacy or right to publicity, defamation, or claims to royalties or compensation of any kind. I agree this agreement is binding of me and anyone who may have rights through me, including, but not limited to, my legal heirs, personal representatives, trustees, or assigns, and that neither I nor they will have a right to bring claim or any legal action against MHATC.

I understand that:

- I may refuse to sign this authorization and that it is strictly voluntary
- I may revoke this authorization at any time in writing, but if I do, it will not influence any actions taken prior to receiving the revocation. (ie: MHATC cannot recall images once they are in a public domain). Further details may be found in the MHATC Notice of Privacy Practices.
- Once released the information may be re-disclosed and no longer protected under federal or state confidentiality law.
- I Understand that I may see and obtain a copy of the information described in this form, for a reasonable copy fee, if I ask for it.
- I may have a copy of this form after I sign it.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ALCOHOL, DRUG AND TABACCO TESTING POLICY**

Mercy House Teen Challenge reserves the right to conduct random drug testing. We believe that our students are committed to their recovery and will abide by house rules of no drugs or tobacco use of any kind. In the event it is suspected that you are under the influence of a mood-altering substance or that you have used any type of tobacco products, you will be instructed to report to the staff on duty or program director's office to voluntarily take a urine analysis test. If it is determined that you were in fact under the influence, it is grounds for immediate dismissal, and you may be asked to leave the property.

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Student's signature

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Date

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Staff's signature

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Date

# STUDENT ACKNOWLEDGEMENT AND AGREEMENT REGARDING WORK ASSIGNMENTS

## Statement of Student

1. I understand as a Mercy House Teen Challenge student that I do not have to pay for my own monthly expenses such as food, housing, utilities, education, transportation, etc. However, should there be any revenues generated by any work that I perform while enrolled in the program, such revenue will go to Mercy House Teen Challenge
2. I understand that if I am admitted as a student, I will be required to participate in the Mercy House Teen Challenge Work Therapy Program (work experience).
3. I acknowledge that I have read and fully agree with Mercy House Teen Challenge's description of its Work Therapy Program (work experience); which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic, and the character of a responsible, upright individual.
4. I understand that if I am admitted to Teen Challenge as a student, I will be performing work assignments not as an employee, but solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the workplace.
5. Accordingly, by signing this **Agreement**, I am not applying for a position of employment with Mercy House Teen Challenge, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
6. I further understand that if, I fail to perform my assigned work-related tasks Mercy House Teen Challenge may revoke my status and privileges as a student. Because performance of work assignments are a consideration for the receipt of such status and benefits, as each student's participation in the Work Therapy Program (work experience), is a necessary and vital part of the recovery process.

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Student Signature

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Date

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Print Student's Name

# WORK SKILLS QUESTIONNAIRE

Please fill in the blanks with any work skills you possess that you think would benefit our work program. These can include mechanic, electrical, HVAC, carpenter, plumbing, drywall, construction, sales, telemarketing, etc.

I am skilled at:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I am somewhat skilled at:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have experience in: (please check all that apply)

1. Marketing \_\_\_\_\_
2. Sales \_\_\_\_\_
3. Telemarketing \_\_\_\_\_
4. Fundraising \_\_\_\_\_
5. Computer skills \_\_\_\_\_

Name: \_\_\_\_\_



## CONFIDENTIALITY OF RECORDS

In accordance with Federal Law 42 CFR Part 2: 2.1 (10-1-91 Ed.)

### — CONFIDENTIAL —

The confidentiality of student records maintained by this ministry is protected by Federal law and regulations. Generally, 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 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. However, Federal law and regulations do not protect any of the following information:

(1) Crimes of any kind committed or threat to commit a crime, while a student in the program.

(2) Information about suspected child abuse or neglect 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 hereof.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Staff who witnessed above student signature*

AUTHORIZATION FOR RELEASE OF INFORMATION

**If you receive information, released with this form, the following regulations applies to you:**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part II. A general authorization of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.

Student Name: \_\_\_\_\_

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

I, \_\_\_\_\_, hereby authorize  
Teen Challenge to

(1) provide information to  ; or, (2) to receive information from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Information Requested:**  
\_\_\_\_\_  
\_\_\_\_\_

Purpose the information received and/or sent shall be used to evaluate my program participation and progress, to plan for and coordinate services for me. Or other purpose(s) as specified:  
\_\_\_\_\_  
\_\_\_\_\_

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 1 year from the date below, unless a different date, event or condition is listed here:

Date and/or condition for this release to expire: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature – Staff \_\_\_\_\_ Date \_\_\_\_\_

## **TEEN CHALLENGE USA** **—WORK EXPERIENCE PROGRAM—**

The world-wide 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, the local church, chosen vocation, and the community; and to help people become mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive.

At Teen Challenge, one significant means of fulfilling that mission is our Work Experience Program, which is a series of short-term, supervised work assignments that students perform during their time at the Center. During this Program, Teen Challenge staff members interact with students in the process of reforming and maturing their character, overcoming sinful habitual patterns of behavior, and adopting a productive livelihood. The principal benefits derived by students are not compensation and in-kind benefits, but (1) awareness of sin and the need for regeneration, repentance, forgiveness, restoration, (2) freedom from reliance on controlled substances, (3) learning the value of and respect for authority, (4) developing habit patterns of regular schedule, work responsibility, and performance accountability that all are foundational to being a productive and responsible citizen. Although the work assignments may provide Teen Challenge with some offsetting revenue, any contributions or other funds received from beneficiaries of the work assignments are used exclusively to help cover the cost of staffing and operating the Work Experience Program and as well as other expenses associated with a student's Teen Challenge Program.

### **Biblical Basis for Work Experience Program**

Teen Challenge's Work Experience Program derives its inspiration from our belief in the Holy Scriptures, which views work as one of the central purposes for human existence. In the beginning, God worked, and placed man, who was created in His image, on the earth to "...Fill the earth and subdue it" (Genesis 1:28 NIV). Work was a principal means of reflecting God's image even before the fall by applying labor, skill, and creativity to make productive and fruitful and latent resources of the earth. After the fall, work did not become bad, only more challenging, and difficult (Genesis 3:17-19). God designed work to be redemptive, allowing us to enter the joy of co-laboring with Him (1 Thessalonians 3:2). Work is the dominant enterprise of most healthy people in sound societies. Through the illumination and renewing of the mind by the Scriptures and the Holy Spirit, communion with God, the encouragement of fellow Christians, and God's grace, one may capture a vision of work as the blessing that God originally intended for man.

### **The Bible is filled with exhortations and illustrations concerning work**

Diligent, hard work is associated with prosperity (Proverbs 10:4; 14:23), serving people in high rank (Proverbs 22:29), satisfaction in life (Ecclesiastes 2:24), and reaping eternal rewards (Colossians 3:23-24).

The Apostle Paul writes in his letters of the example he and others set working with their own hands to provide for themselves and those who labored with them (1 Corinthians 4:12). He encourages his readers to not be dependent on anyone, but, if possible, to work with their hands to provide for their own needs (Titus 3:14). Above all, Paul exhorts his readers to do everything as though God was the supervisor (Colossians 3:23).

Hard work is the fruit of a repentant lifestyle (Ephesians 4:28) and wins the respect of the local community (1 Thessalonians 4:11-12). Where one has led a less than wholesome lifestyle involving anti-social behavior, there is further moral imperative to "make up for" the wrongs done by providing for oneself, and to have enough to give to those in need, through hard work (Ephesians 4:28).

One of the primary objectives of the Teen Challenge program is to encourage students to live in repentance from a self-destructive lifestyle. Participating in work assignments, therefore, is one means by which students may practice and develop the godly habit of a repentant lifestyle prior to their return to society.

In contrast, laziness is associated with poverty (Proverbs 10:4), destructiveness (Proverbs 18:9), and sinfulness (2 Thessalonians 3:6-8). One is considered worse than an unbeliever if he does not work hard and provide for his dependents (1 Timothy 3:1, 4-5; 5:8). Christians must avoid fellowship with "...every brother who is idle" (2 Thessalonians 3:6 NIV). If an individual "...will not work, he shall not eat" (2 Thessalonians 3:10 NIV).

### **Practical Application and Experience**

The experience of Teen Challenge confirms these Biblical pronouncements, as we have found that work assignments often help surface unbiblical attitudes towards work, authority, God, and occasionally, racism, dishonesty, and disorganization, and reveal (at least in part) why students may have misused alcohol and/or other substances to cope with their failures. In exposing and addressing sinful attitudes, work assignments also provide Teen Challenge staff the opportunity to teach students the benefits and blessings of mature Christian character, in making the best of the same circumstances and honoring God in the process.

Work assignments also prepare students to live a productive life after they complete the Teen Challenge program. Students learn specific principles regarding a healthy work ethic such as:

1. Punctuality
2. Cheerfulness and willingness regarding work
3. Submission to authority
4. Collegiality and collaboration with fellow co-workers
5. Completing tasks and experiencing the satisfaction of work well done
6. Dealing with and overcoming failure
7. Taking initiative and seeding greater responsibility
8. Understanding the correlation between job production and future wages
9. Desire greater knowledge and skills within one's line of work

### **Accomplishing Our Mission**

In summary, the Work Experience Program permits Teen Challenge staff members to discern and disciple the character and behavior of our students. The Program also trains and equips our students to apply first-hand the lessons they are learning from staff members, as they seek to undertake a new drug-free, mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive lifestyle upon their graduation from Teen Challenge.

**Scriptures on Work**  
(Scripture from the New International Version)

*Proverbs 10:4* – Lazy hands make a man poor, but diligent hands bring wealth.

*Proverbs 14:23* – All hard work brings a profit, but mere talk leads only to poverty.

*Proverbs 18:9* – One who is slack in his work is brother to one who destroys.

*Proverbs 22:29* – Do you see a man skilled in his work? He will serve before kings; he will not serve before obscure men.

*Proverbs 24:30-34* – I went past the field of the sluggard, past the vineyard of the man who lacks judgment; 31 thorns had come up everywhere, the ground was covered with weeds, and the stone wall was in ruins. 32 I applied my heart to what I observed and learned a lesson from what I saw: 33 A little sleep, a little slumber, a little folding of the hands to rest--34 and poverty will come on you like a bandit and scarcity like an armed man.

*Ecclesiastes 2:24* – A man can do nothing better than to eat and drink and find satisfaction in his work. This too, I see, is from the hand of God...

*1 Corinthians 4:12-13* – We work hard with our own hands. When we are cursed, we bless; when we are persecuted, we endure it; 13 when we are slandered, we answer kindly. Up to this moment we have become the scum of the earth, the refuse of the world.

*2 Corinthians 6:4-10* – Rather, as servants of God we commend ourselves in every way: in great endurance; in troubles, hardships and distresses; 5 in beatings, imprisonments and riots; in hard work, sleepless nights and hunger; 6 in purity, understanding, patience and kindness; in the Holy Spirit and in sincere love; 7 in truthful speech and in the power of God; with weapons of righteousness in the right hand and in the left; 8 through glory and dishonor, bad report and good report; genuine, yet regarded as impostors; 9 known, yet regarded as unknown; dying, and yet we live on; beaten, and yet not killed; 10 sorrowful, yet always rejoicing; poor, yet making many rich; having nothing, and yet possessing everything.

*Ephesians 4:28* – He who has been stealing must steal no longer, but must work, doing something useful with his own hands, that he may have something to share with those in need.

*Colossians 3:23* – Whatever you do, work at it with all your heart, as working for the Lord, not for men...

*1 Thessalonians 4:11-12* – Make it your ambition to lead a quiet life, to mind your own business and to work with your hands, just as we told you, 12 so that your daily life may win the respect of outsiders and so that you will not be dependent on anybody.

*2 Thessalonians 3:6-10* – In the name of the Lord Jesus Christ, we command you, brothers, to keep away from every brother who is idle and does not live according to the teaching you received from us. 7 For you yourselves know how you ought to follow our example. We were not idle when we were with you, 8 nor did we eat anyone's food without paying for it. On the contrary, we worked night and day, laboring and toiling so that we would not be a burden to any of you. 9 We did this, not because we do not have the right to such help, but in order to make ourselves a model for you to follow. 10 For even when we were with you, we gave you this rule: "If a man will not work, he shall not eat."

*Titus 3:14* – Our people must learn to devote themselves to doing what is good, in order that they may provide for daily necessities and not live unproductive lives.

# Dismissal Awareness Agreement

It is our prayer that all students entering our program are broken to the point that they want to **change their life and let the Lord lead them in a direction that leads to a productive lifestyle in our community. It is your responsibility to trust that you are here because God has a plan for your life. Be still and receptive to what God through this program and the staff try to teach you during your time here.**

Immediate dismissal from this program can occur in several ways:

- Physical violence between another student or staff member.
- Aggressive threats between another student or staff member.
- Stealing from the ministry and or any possession that does not belong to you.
- Bringing drugs, alcohol, tobacco, phones, or merchandise onto the property that is NOT allowed.
- Failing a drug test 2 times while being a resident here, including nicotine.

The final decision to act on any of these accounts or others that should come up will be left up to the Director and Executive Director.

X \_\_\_\_\_

Student Sign

X \_\_\_\_\_

Staff Sign

X \_\_\_\_\_

Student Print

X \_\_\_\_\_

Staff Print