



**TEEN CHALLENGE  
PACIFIC NORTHWEST**

The Faith-Based Solution for the Drug Epidemic

*This is a drug, alcohol and tobacco FREE program!!!*

**WILLAMETTE VALLEY TRAINING CENTER  
Teen Challenge Pacific Northwest Centers  
ENTRANCE REQUIREMENTS: APPLICATION PACKET**

Dear Applicant:

This letter will walk you through the application process for Teen Challenge Pacific Northwest Centers. Some forms are "read only" and they contain information you need to know about the program. Others must be filled out completely before your application can be processed. Please put your initials by each item listed below indicating you have completed each step and send this in with your application.

- 1. Student Application For Program Entry:** *Complete and return the application to the appropriate Teen Challenge program accompanied by the \$300 application fee.* – Form 203
- 2. Student Medical Exams and History Questionnaire:** These forms provides Teen Challenge your medical information. Be sure to have the Physicians Report filled out by the attending physician when you take your physical and have the required lab tests for tuberculosis, HIV and Hepatitis done. *Complete and return to the appropriate Teen Challenge program* – Form 204
- 3. Student Agreement – Cost of Program:** Please read this form for an explanation of the financial costs for a one-year residential program. Form 205
- 4. Student Sponsorship List:** Please identify individuals, businesses, churches, etc. who you believe are interested in the ministry of Teen Challenge and might be willing to become a financial sponsor helping to defray the costs of your stay in the program. Bring this completed form with you when you enter the program.
- 5. Personal Property List:** Form 207 - provides a list of funds and personal property to bring when entering the program.
- 6. Medical and Dental Notification:** Please read the enclosed Form 210 to understand our policies and procedures regarding medical and dental needs.

Corporate Executive Officer  
Chris Hodges

Administration Office  
75 Tangent  
P.O. Box 809  
Lebanon, OR 97355  
Ph. (541) 258-3380  
Fax (541) 258-6709

Please visit our website:  
[www.teenchallengepnw.com](http://www.teenchallengepnw.com)

Boise Christian Academy  
1846 Dawn Place  
Boise, ID 83713  
Ph. (208) 375-4636  
FAX (208) 375-0587

Central Oregon Men's Outreach  
435 NE Burnside  
P.O. Box 5223  
Bend, OR 97708  
Ph. (541) 678-5272  
FAX (541) 678-5300

Eugene Women's Outreach  
Hamrah's House  
85989 Bailey Hill Rd  
Eugene, OR 97405  
Ph. (541) 344-4328  
FAX (541) 344-4351

Graham Women's Center  
Bernice Flaherty Home  
21115 E. 92nd Ave  
P.O. Box 344  
Graham, WA 98338  
Ph. (253) 846-0886  
FAX (253) 847-4140

Montana Women's Outreach  
3815 South 7th St. W.  
Missoula, MT. 59804  
Ph. (406) 543-1812  
FAX (406) 327-7441

Portland Metro Men's Center  
3121 NE Sandy Blvd., 97232  
P.O. Box 14886  
Portland, OR 97233-0886  
Ph. (503) 230-1810  
FAX (503) 239-0340

Seattle Metro Men's Center  
18611 148th Ave. SE  
14201 SE Petrovitsky Rd.  
Ste A3-400  
Renton, WA 98058  
Ph. (425) 226-2608  
FAX (425) 226-2504

Seattle Metro Women's Center  
18944 40th Place NE  
Lake Forest Park, WA 98155  
Ph. (206) 721-7555  
FAX (206) 721-6111

Spokane Men's Center  
2400 N Craig Road  
Spokane, WA 99224-8568  
Ph. (509) 244-5810  
FAX (509) 244-0171

Teen Challenge Ministry Institute  
75 Tangent St.  
P.O. Box 2148  
Lebanon, OR 97355  
Ph. (541) 258-3401  
FAX (541) 461-3606

Tri-Cities Women's Jail Outreach  
P.O. Box 1216  
Richland, WA 99352  
Ph. (509) 946-5385  
FAX (509) 946-3553

Tri-Cities Men's Outreach  
2524 W. Pearl St.  
P.O. Box 5246  
Pasco, WA 99302  
Ph. (509) 547-2388  
FAX (509) 542-1187

Willamette Valley Men's Center  
31700 Fayetteville Rd.  
P.O. Box 108  
Steveston, OR 97377  
Ph. (541) 481-1002  
FAX (541) 481-1005

## **ENTRANCE REQUIREMENTS: REGISTRATION PACKET (cont.)**

- 7. Legal Issues Notification:** Please read the Legal Issues Notification form (211) that gives information regarding your legal needs and responsibilities.
- 8. Transportation:** Students entering the program need to bring enough funds in the form of a check or money order to cover the cost of a return trip home should they decide to leave or are dismissed from the program.
- 9. Identification:** Bring with you a social security card, driver's license, birth certificate or other proof of identification.

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For us to consider you as a prospective student, for entry into our program, **THE DESIGNATED REGISTRATION PACKET FORMS SHALL BE COMPLETED AND RETURNED TO THE APPROPRIATE PROGRAM.**

The completion and return of the enclosed forms is part of the evaluation and assessment process in determining the eligibility of each student applicant. **FAILURE TO COMPLY WITH ANY ENTRANCE REQUIREMENT SHALL RESULT IN DISQUALIFICATION AND REFUSAL TO PROCESS THE APPLICATION.**

Generally speaking, student applications are processed on a first come first served basis. It is your responsibility to determine how quickly you wish to get into the program and seek help. Mail the Student Application and Medical History applications back as soon as you fill them out. Include the \$300 application fee by either check or money order.

The medical tests for Tuberculosis, HIV and hepatitis are required for enrolment in Teen Challenge Centers. Have them taken as soon as possible so we can move towards getting you in the program without unnecessary delays.

Once we have received the required Application, Medical History Form and medical exams, you will be contacted by phone and informed of the following: a) The registration packet is completed satisfactorily, b) Your eligibility for program entry, c) Program space availability, and d) Projected entry date.

If you require a letter of acceptance into the program, please ask us and we will provide one for you. If you have any questions or need assistance with the enclosed requirements, please call or write. **We do not accept collect calls.**

God bless,

Russ Johnson

Russ Johnson  
Willamette Valley Training Center



## *Student Application*

Form 203

*Program Entry*  
*-Confidential-*

**COMPLETE THIS FORM AND RETURN TO: Willamette Valley Training Center**  
**Intake Coordinator**  
**PO Box 108**  
**Shedd Oregon 97377**  
**Ph: (541) 491-1002**  
**Fax: (541) 491-1005**  
**Info.wvtc@teenchallengepnw.com**

**Your application will not be processed until we have received all forms required for admissions.**

- 1) Student Application - Form 203**
- 2) Student Medical - Form 204**
- 3) Student Sponsorship List - Form 206**



Do you have any children?  Yes  No

Name(s)	Age	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you have an active "NO CONTACT" order between you and another individual?  Yes  No

If so, indicate below the individuals in that order and include a copy of that order.

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Identify any Court mandated classes in regards to family, work, personal issues that you are required to take.

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#### Military History

Branch of military you've served  Army  Marines  Coast Guard  Air Force  Reserves  Navy

Date of Entry \_\_\_ / \_\_\_ / \_\_\_ Date of Discharge \_\_\_ / \_\_\_ / \_\_\_ Rank \_\_\_\_\_

Discharge Received  Honorable  Less than Honorable  Dishonorable  Medical

Are you eligible for V.A. Medical Benefits?  Yes  No

#### Legal History

Are you currently or will you be under legal supervision?  Yes  No

Are you legally mandated to participate in a drug recovery program?  Yes  No

If yes, by whom?  Court  Parole Board  Other (explain)

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Method of Reporting  Phone  Letter  In Person  Other (explain) \_\_\_\_\_

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How often do you report? \_\_\_\_\_ Time remaining for reporting? \_\_\_\_\_

Probation Officer's Name \_\_\_\_\_ Phone \_\_\_\_\_ - -

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone \_\_\_\_\_ - -

Student Application page 3 of 6

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\_\_\_\_\_ Attorney's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Are any of the following items pending against you?  Arrest Warrant  Court Appearance

Criminal Charges  Sentencing  Other (explain)

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Have you ever been convicted of a sexual offense?  Yes  No

Are you required to register as a sex offender?  Yes  No

Have you been in a county jail, correctional institution or state prison?  Yes  No If yes, please list:

Date Institution

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

List any arrests and convictions. Indicate if drugs (D) or alcohol (A) were involved in these instances.

Date	Arrest/Charges	Sentence/Time served	<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A
/ /			<input type="checkbox"/> D <input type="checkbox"/> A

**Financial Information:** Are you receiving:

Welfare  Unemployment  Disability  Workman's comp  Food Stamps  Social Security

In what way can you personally contribute to the ministry of Teen Challenge?

Do you have an income?  Yes  No Amount in Savings \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_

List any Court fees/fines, DOC Fees, Child support or Alimony payments

List any financial contracts/agreements (cel phone, memberships, credit cards, student loans etc.) that you have an obligation to?

#### Academic History

Ability to Read  Yes  No  Poor  Average  Above Average

Ability to Write  Yes  No  Poor  Average  Above Average

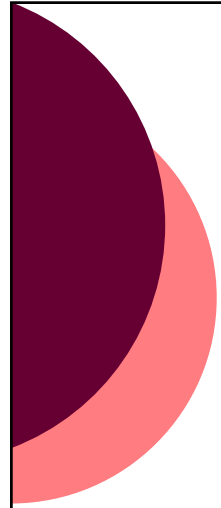
Check appropriate box or boxes:  Graduated from High School  GED  Attended College

AA degree  BA degree  Vocational Training  Vocational Training Certificate

#### Occupational History

Check the boxes that indicate your work experience:  Auto Mechanics  Auto Body  Carpentry





## *Medical History*

Form 204

*Program Entry*  
*-Confidential-*

COMPLETE THIS FORM AND RETURN TO:      **Willamette Valley Training Center**  
**Intake Coordinator**  
**PO Box 108**  
**Shedd Oregon 97377**  
**Ph: (541) 491-1002**  
**Fax: (541) 491-1005**  
**Info.wvtc@teenchallengepnw.com**

**Your application will not be processed until we have received all forms required for admissions.**

- 1) Student Application - Form 203**
- 2) Student Medical - Form 204**
- 3) Student Sponsorship List - Form 206**

## Teen Challenge Pacific Northwest Centers Medical History

Applicants Name: \_\_\_\_\_  
Last
Middle
First

Sex:  Male  Female    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Height \_\_\_\_ ft \_\_\_\_ in    \_\_\_\_\_ lbs

Married  Yes  No    How long? \_\_\_\_\_    Nationality: \_\_\_\_\_

Blood Type \_\_\_\_\_

Current physician: \_\_\_\_\_  
Name
Phone

\_\_\_\_\_  
Address:
City
State
Zip

Teen Challenge International Pacific Northwest Centers are committed to helping students become physically, mentally and spiritually whole. We are not, however, a medical program. We will endeavor to assist you in securing whatever medical help we can while you are in the program. If you become ill or need medical attention once you are in the program we will assist in connecting you with a medical facility. You are responsible for any fees that accrue in connection with your visit to of treatment from any medical facility. We do not financially assist students in meeting their medical bills.

Explain in the space below any provisions you have to cover medical expenses while enrolled in Teen Challenge?

Health Insurance:  Yes  No    Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_    Does your policy recognize recovery services?  Yes  No

\_\_\_\_\_  
Insurance Co. Address:
City
State
Zip

Do you collect disability payments?  Yes  No

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_    Phone \_\_\_\_\_

\_\_\_\_\_  
Address:
City
State
Zip

Relationship to applicant \_\_\_\_\_

### Personal Medical History

Are you currently being treated by a physician for an illness, injury or medical symptom?  Yes  No

If so please provide the name of the physician: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Describe illness/injury/symptom

Are you currently receiving therapy for any of the circumstances described above?  Yes  No  
If Yes, please explain.

Are you experiencing or have you experienced an injury or illness that affects your ability to participate in:  
Manual Work Experience  Yes  No  
Exercise Programs  Yes  No  
Recreational Activities  Yes  No

If yes to any of the above, please explain.

Please list any food allergies \_\_\_\_\_

Are you allergic to bee stings?  Yes  No Do you need medication if stung?  Yes  No

Are you allergic to any medications?  Yes  No Please identify all medications you are allergic to in the space below.

Check if you have:

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Chronic Backaches	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Chronic Headaches	<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Double Vision
<input type="checkbox"/> Loss of Sight	<input type="checkbox"/> Loss of Hearing	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure
STD'S <input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Herpes	<input type="checkbox"/> Aids	<input type="checkbox"/> Chlamydia

Are you currently taking any medications for any of the conditions mentioned above?  Yes  No

If so, please identify the medications (by name) that you are taking, dosage and frequency below:

Check if you have:

<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Ulcer's	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Acid Reflex	<input type="checkbox"/> Black Stools	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Hepatitis

Are you currently taking any medications for any of the conditions mentioned above?  Yes  No

If so, please identify the medications (by name) that you are taking, dosage and frequency below:

Are you experiencing

<input type="checkbox"/> Poor Appetite	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Vomiting Blood
<input type="checkbox"/> Frequent Indigestion	<input type="checkbox"/> Frequent Diarrhea	<input type="checkbox"/> Frequent Constipation	
<input type="checkbox"/> Intestinal Parasites	<input type="checkbox"/> Persistent Weight Gain	<input type="checkbox"/> Persistent Weight Loss	
<input type="checkbox"/> Coughing up Blood	<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Frequent Urination	
<input type="checkbox"/> Bladder infections	<input type="checkbox"/> Problems Urinating	<input type="checkbox"/> Severe Itching	
<input type="checkbox"/> Problems Sleeping	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	

Are you currently taking any medications for any of the conditions mentioned above?  Yes  No

If so, please identify the medications (by name) that you are taking, dosage and frequency:

Have you had:

<input type="checkbox"/> Measles	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Mumps	<input type="checkbox"/> Small Pox	<input type="checkbox"/> Typhoid Fever	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Cancer	<input type="checkbox"/> Anemia
<input type="checkbox"/> A Nervous Breakdown	<input type="checkbox"/> Head Injury		

Are you currently taking any medications for any of the conditions mentioned above?  Yes  No

If so, please identify the medications (by name) that you are taking, dosage and frequency:

If you have had a head injury where you lost consciousness or were admitted to a hospital for evaluation, please explain the nature of your injury and if experience and difficulties as a result of the injury in the space below. ( memory loss, lack of concentration, headaches, vision problems etc.)

Describe any illness or developmental condition that you experienced as a child?

Describe any serious injuries or broken bones:

Identify any major surgeries you have experienced starting with the most recent:

Do you have any special diet restrictions or requirements?  Yes  No Please explain:

Date of last eye exam \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results:  Excellent  Good  Fair  Poor

Are you required to wear prescription glasses?  Yes  No Do you presently own a pair?  Yes  No

Date of your last dental exam \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Condition of your teeth  Excellent  Good  Fair  Poor

Please describe any problems that you are experiencing with your teeth.

How many cups of caffeinated drinks (coffee, tea, pop, energy drinks) do you have per day? \_\_\_\_\_ cups

How many packs of cigarettes do you smoke per day? \_\_\_\_\_ Do you use chewing tobacco?  Yes  No

Have you ever received mental health treatment not related to drug or alcohol use?  Yes  No

Name of Clinic \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Mental Health Treatment: \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Mental Health Treatment: \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Mental Health Treatment: \_\_\_\_\_

Name of Clinic \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Mental Health Treatment: \_\_\_\_\_

Would you be willing to authorize release of information from the above clinics to Teen Challenge?  Yes  No

**For Women Only**

Age when you first experienced a period \_\_\_\_ Days between periods \_\_\_\_\_ Length of period \_\_\_\_\_

Do you have normal menstrual cycles?  Yes  No If no, please explain in the space below.

Do you experience a  Heavy  Medium  Light flow?

Do you experience any bleeding between periods?  Yes  No Please explain in the space below.

When was your last pelvic exam? Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Were there any adverse findings?  Yes  No  
Please explain:

**Pregnancy**

Number of full term Pregnancies \_\_\_\_\_

Have you experienced any miscarriages?  Yes  No  
Please explain:

Have you had any abortions?  Yes  No  
Please explain any complications.

Do you think you are pregnant at this time?  Yes  No  Maybe  
If maybe, please explain

Have you experienced menopause?  Yes  No      Please explain any complications below

Have you experienced an eating disorder such as anorexia or bulimia?  Yes  No

Please describe in detail including any treatment you have received for this in the space below.

## Substance Abuse and Treatment History

Indicate below the alcohol, drug and medical counseling you have received.

Date Admitted and Discharged	Program/Facility	Reason for Leaving

Please use the chart below to describe your use of alcohol and drugs.

- When answering the question of “**How Often Taken**”, use **O** for Once, **ST** for Several Times, **R** for Regularly and **C** for continuous usage.

ALL DRUG TYPES USED: (include street drugs, alcohol, illegal prescriptions, over the counter & other drugs.)	CURRENTLY USING		Prescribed BY A PHYSICIAN		AGE WHEN FIRST USED	AGE WHEN LAST USED	* HOW OFTEN TAKEN	CHECK USUAL METHOD OF ADMINISTRATION				
	YES	NO	YES	NO				Oral	Smoke	Snort	IM	IV
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/speed (Uppers Benzedrine, Dexedrine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-depressants (Elavil, Sinequan, Triavil, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbituates/downers (Seconal Nembutal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chew – Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/crank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darvon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diladud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Acid, Mescaline, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (Glue, Paint, Gasoline, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone – non-legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates (Percodan, Opium, Morphine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCP (Angel Dust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritalin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco – smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers (Thorazine, Mellaril, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valium, Librium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)												

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The undersigned fully acknowledges that the information provided herein is accurate and true to the best of his or her knowledge. Any false or incomplete information may cause and result in disqualification from admittance or dismissal from the program.

\_\_\_\_\_  
**Applicant**

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

**IF THIS APPLICATION FORM HAS BEEN COMPLETED OR FILLED OUT BY ANYONE, OTHER THAN STUDENT APPLICANT, PLEASE PROVIDE FOLLOWING:**

\_\_\_\_\_  
**Name of individual filling out the form.**

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

\_\_\_\_\_  
**Relationship to Applicant**

**Teen Challenge Pacific Northwest Centers**

**STUDENT MEDICAL EXAM**

**- CONFIDENTIAL -**

The applicant is to have a physician complete this form and return it signed accompanied by the test results. Applicant must sign the “**Release of Information**” on the bottom of the page.

1. Please read carefully the following instructions.
2. The enclosed questionnaire provides Teen Challenge with a student’s health, medical, psychological and Substance Abuse history.
3. Copies of the results of the following examination and/or lab test items checked below shall be completed and mailed to: **Willamette Valley Training Center PO Box 108 Shedd OR 97377**  
**(Test results must be current)**
  - Physical examination to rule out contagious diseases or significant mental or physical impairment – similar to a sports physical – *(use Doctor’s forms)*;
  - Tuberculosis test: **PPD** or chest x-ray or other tests as recommended by doctor.
  - Genital exam – ***if indicated*** for sexual transmitted diseases;
  - HIV test;
  - Hepatitis Panel – Complete (includes A, B and C screening lab test); and,
  - If you will be taking a particular medication while in the Teen Challenge program, please make sure the attending physician has sufficient information to verify it and state the prescribed medication and dosage on page 2. ***This is a must*** or you may not be allowed to take the medication.
4. Non-prescription Items – Students are permitted to bring non-prescription items into the program or receive them from outside the program (aspirin, etc.), if, and only if, they are enclosed in the manufacturers original package and the wrapping seal is unbroken – **NO EXCEPTIONS.**

**- RELEASE OF INFORMATION AUTHORIZATION -**

I, (please print name) \_\_\_\_\_, authorize the above listed tests to be completed, the results and information sent to: **Willamette Valley Training Center PO Box 108 Shedd OR 97377** phone 541-491-1002

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- PHYSICIAN'S REPORT -**

Upon examination:

The patient's general physical health is  good  average  poor

The patient is currently experiencing a medical condition that restricts participation in physical labor.  
 Yes  No

If yes, please explain:

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**- MEDICATION AUTHORIZATION BY PHYSICIAN -**

List any medication prescribed for the patient by you or another physician. Please indicate if any of these prescriptions are habit forming to your knowledge.

Medication to be taken	Reason to be taken
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Physician's name (print): \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

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

\_\_\_\_\_  
(Physician's signature) (Date)

**Please return this and all test results and information to:**

**Willamette Valley Training Center PO Box 108 Shedd OR 97377**

**Teen Challenge International  
Pacific Northwest Centers  
Willamette Valley Men's Training Center**

**STUDENT AGREEMENT - COST OF PROGRAM**

Dear Potential Student:

Teen Challenge is an international, non-profit, church related program ministering to people with life-controlling problems such as drugs and alcohol. It is the oldest, largest, and most successful program of its kind in the world with hundreds of centers located in the United States and throughout the world. The Willamette Valley Men's Training Center is a ministry of the Teen Challenge International Pacific Northwest Centers whose administrative office is located in Lebanon, OR. You can learn more about Teen Challenge by going to [www.teenchallengepnw.com](http://www.teenchallengepnw.com) or [www.teenchallengeusa.com](http://www.teenchallengeusa.com).

Each center is responsible to meet their own financial obligations and seek to do so through the medium of fundraisers, thrift stores, student work experiences, sponsors, donations and church support. Each center is accountable to the Administration Office and Corporate Board of Teen Challenge International Pacific Northwest Centers which is a non-profit 501(c) (3) organization.

The WVTC is committed to providing a highly structured program designed to provide the student with a positive and effective environment to succeed in their new beginning regardless of their financial resources. The basic cost to this center for a student's participation is approximately \$1,500 per month. Those individuals and families who can meet this financial need should do so. Those who cannot meet the need fully are asked to support by contributing toward a student sponsorship which is equal to half of the monthly cost. No student will be turned away from the program for lack of funds. Yet, the financial realities of program costs, staffing, room and board remain and must be covered if we are to offer these services. In view of this, students will be participating in work programs that not only provide funds to cover expenses but they will also be learning new work skills and developing work ethics.

Students who decide to enter Teen Challenge will be called upon to send sponsorship letters (please read the Gray Sponsorship letter thoroughly) to a minimum of five individuals who may be willing to participate in student sponsorships. Potential sponsors may be family members, friends, churches, business or other concerned and caring individuals.

We ask that you do your best and put forth an effort to secure these funds. All students are asked to assist Teen Challenge in securing their own sponsorship.

As you receive commitments from sponsors, please ask them to fill out the necessary information on the enclosed Student Sponsorship letter and have them return it along with their payment to the address on the letter. Do not bring the money yourself.

Sincerely,  
Ron Wenning  
Executive Director  
Willamette Valley Men's Training Center

## STUDENT SPONSORSHIP LIST – Form 206

Sponsorships play a vital role in covering the costs of a student's involvement in Teen Challenge. Each student is asked to secure the name and address of as many individuals who may have an interest in a student's recovery process and the ministry of Teen Challenge. Once the student enters the program, Sponsorship letters will be sent out inviting individuals to financially participate in making recovery and transformation possible. Students will be given 5 copies of this form prior to enrollment. The Willamette Valley Training Center will provide the individual sponsorship letters, envelopes, & postage. This form is to be turned in by the student upon entering the program.

OFFICE USE ONLY		
	Date Mailed	Date Received
Name _____ Phone ( ) _____		
Address _____		
City _____ State _____ Zip _____		
Name _____ Phone ( ) _____		
Address _____		
City _____ State _____ Zip _____		
Name _____ Phone ( ) _____		
Address _____		
City _____ State _____ Zip _____		
Name _____ Phone ( ) _____		
Address _____		
City _____ State _____ Zip _____		
Name _____ Phone ( ) _____		
Address _____		
City _____ State _____ Zip _____		

**TEEN CHALLENGE INTERNATIONAL  
PACIFIC NORTHWEST CENTERS  
MEN'S PROGRAM**

**GENERAL PROGRAM RULES AND GUIDELINES**

Please read over the following (4) pages. They are important to the prospective student choosing to enter the Teen Challenge Program.

The General Program Rules and Guidelines listed below will give a prospective student an idea as to the structure and strictness of the program and the discipline expected.

This is only a portion of a larger booklet entitled "Student Handbook", that **each new student, upon entry into the program, is required to read and follow.**

## GENERAL PROGRAM RULES AND GUIDELINES

- A. **Student Medical Expenses** – Teen Challenge is not be responsible for the medical or dental needs of a student prior to entry or during program attendance. All medical and dental expenses incurred by students while enrolled in the program shall be the responsibility of each individual student. This shall include costs resulting from illness while enrolled in the program.

If a prospective student has medical problems prior to entrance into the Teen Challenge program, **he is expected to take care of that problem before entering the program.**

- B. **Program not Responsible for Legal Expenses** – *Students are asked to take care of their legal obligations before entering into the program.* Teen Challenge shall not be responsible for the legal expenses of a student prior to entry or during program attendance. All legal expenses incurred by students, including transportation, meals, lodging, supervision; etc. shall be the responsibility of each individual student.

- C. **Personal Property** –

Each student shall be responsible for the property they bring into the program and shall not hold Teen Challenge responsible or liable for any loss or damage of personal property.

1. All student money shall be kept in the “Student Account”. Each student shall be permitted to have a maximum of \$80.00 per month for personal spending.
2. Students are not allowed to have personal cars, motorcycles or bicycles.
3. Students are not permitted to bring pets while enrolled in Teen Challenge.
4. Students are not allowed to bring personal electronic devices for music, video or games,
5. The only valuables students are permitted to bring to the program are wallets, watches and wedding rings .
6. Suitcases shall be checked coming into the program and going out. Each student may bring only two (2) suitcases or one (1) trunk. No trips shall be made to pick up other personal belongings after student has been admitted into the program.
7. Pets are not allowed.
8. Materials associated or identified with witchcraft, astrology or anything related to demonic acts of worship are not allowed.
9. A student who is dismissed or who voluntarily leaves the program must take all of their personal property with them at the time of program departure. Teen Challenge shall not be responsible for any personal property left. Such items shall automatically be placed in a Teen Challenge thrift store and sold after 30 days, if the items have not been picked-up by the student.

- D. **Scheduled Activities** – Students shall participate in all scheduled activities, this includes choir, unless excused by a medical doctor.

- E. **Mail, Telephone and Visitation Privileges** –

Student mail, telephone and visitation privileges are limited to the student’s *“immediate family” and approved individuals. Immediate family shall include: parents, spouse, children, brothers, sisters and grandparents.* Approved individuals are Pastors, probation/parole officers, attorneys and others who have had a significant Christian influence in the life of the student.

1. NO MAIL, TELEPHONE OR VISITATION PRIVILEGES ARE ALLOWED FROM GIRLFRIENDS OR FIANCEE.
2. Separated married partners mail, telephone and visitation privileges shall be permitted by staff approval based upon the direction of the relationship.
3. Married students are not permitted to correspond, telephone or visit with any female other than their immediate family members.
4. Designated staff shall approve those individuals who may correspond, phone or visit a student while participating in the Teen Challenge program.
5. Students are assigned a specific evening and time to place or receive their allowed phone calls.
6. All outgoing phone calls shall be: a) Cleared by staff first. b) Made **COLLECT**, if long distance, and c) Be no longer than 15 minutes.
7. Bedrooms are off-limits to **ALL** female visitors.
8. Visitation day is scheduled for a specific day and time and must be followed.
9. Teen Challenge activities and program requirements have priority over student visitation privileges. **Be sure to always check the OUTINGS SCHEDULE each month.**
10. TEEN CHALLENGE reserves the right to approve, deny or monitor all mail, telephone calls and visitation guests for drugs and anything that may be harmful to the student's progress, safety and welfare.

- F. **Restricted Communication Status** – During the first two (2) weeks, phone calls, mail and visitors are restricted. This two (2) week period gives the student an opportunity to focus on his life problems and why they have entered the program. Mail will be held for the student after blackout. Teen Challenge staff members may have contact with the “immediate family” during this two (2) week period.
- G. **Dress Code** – Teen Challenge has a dress code that requires students to maintain a neat and acceptable dress standard. Jewelry shall not be worn except wedding bands and watches. Male students shall not be permitted to wear earrings.
- H. **Grooming Code** – You are required to maintain neat and well trimmed hair including facial hair while in the program. Hair styles are subject to staff approval. *It is recommended that a student have his hair cut prior to coming into the program. If a student's hair is unacceptable at time of entry, then a haircut will be required during the first week of the program.*
- I. **Respect for Teen Challenge Property and Staff** - *Students shall not argue, dispute or debate a directive given by a staff member or another person who is placed in charge. Student submission to staff authority and obedience are required. Defiance to staff personnel or their directives is grounds for automatic dismissal.* Foul or abusive language will not be tolerated towards a student or staff person. Proper care of Teen Challenge property is expected and required at all times.
- J. **Records Management and Confidentiality** - The confidentiality of student records maintained by Teen Challenge is in conformance with Federal law (42 CFR part 2). Generally, Teen Challenge will not say to a person outside the program that a student attends Teen Challenge, or disclose any information identifying that person as a student. **Unless:** (1) The

student consents in writing; (2) The disclosure is allowed by 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. Teen Challenge shall make available any information about a crime committed by a student either at Teen Challenge or against any person who works for Teen Challenge or about any threat to commit such a crime. Also, any information about suspected child abuse or neglect would be reported under State law to appropriate State or local authorities.

- K. **Searches** – Teen Challenge reserves the right to conduct room searches and if necessitated a physical search of the student for drugs and anything harmful to the welfare of the program and residents, or in conjunction with a violation of the “Student Handbook”.
- L. **Substance Abuse Withdrawal** – Withdrawal from substance abuse is without medication – “Cold Turkey”, this shall include withdrawal from nicotine.
- M. **Drug Testing** – Teen Challenge reserves the right to require students to submit to drug testing upon demand. Refusal to submit to such testing shall be grounds for immediate dismissal.
- N. **Behavior** –
1. Drugs, tobacco (in any form) or alcoholic beverages are not permitted.
  2. Secular music, gambling, playing of cards is not permitted. Music and reading material shall be provided by the program.
  3. Teen Challenge is Christian based so acts of witchcraft, involvement in astrology or anything related to demonic worship is not permitted.
  4. Proper care of Teen Challenge property is expected at all times. Students are financially responsible for any malicious damage and subject to dismissal.
- O. **Return Trip Home** – Students entering into the program are required to bring or send money to purchase a bus, train or plane ticket for the one-way return trip home upon leaving the program.
- P. **Non-prescription Items** – Students are permitted to bring non-prescription items into the program or receive them from outside the program (aspirin, vitamins, etc), if, and only if, they are enclosed in the manufacturers original package and the wrapping seal is unbroken – **NO EXCEPTIONS.**
- Q. **PRESCRIPTION MEDICATION** – PRESCRIPTION MEDICATION BEING TAKEN BY A STUDENT, MUST HAVE A LETTER OF APPROVAL FROM THE PRESCRIBING PHYSICIAN IF IT IS TO BE TAKEN WHILE IN THE PROGRAM – THERE IS A FORM PROVIDED WHEN YOU PAY FOR THE APPLICATION PACKET. **NO EXCEPTIONS.**

STUDENTS SHALL NOT BE PERMITTED TO BRING PRESCRIPTION MEDICATION INTO THE PROGRAM OR RECEIVE THEM FROM OUTSIDE THE PROGRAM. **THEY MUST BE PURCHASED BY THE CENTER STAFF, FOR THE STUDENT, LOCALLY. BRING MONEY WITH YOU TO BUY THE MEDICATION – NO EXCEPTION.**

**STUDENT WITH CHILDREN – DIVORCED, SEPARATED OR NOT MARRIED**

- (1) Program Guidelines for mail, telephone and visitation privileges. Students enrolled in the Teen Challenge program who have children, but are divorced, separated or unmarried to the biological mother shall abide by the following policies:
  - (a) Students may visit with their children, but they (the children) must be brought to the center by someone who is approved.
  - (b) Students may write letters directly to their children.
  - (c) Students may receive letters directly from their children.
  - (d) Students may receive pictures of their children.

TEEN CHALLENGE INTERNATIONAL  
PACIFIC NORTHWEST CENTERS  
LEGAL ISSUES NOTIFICATION

**PLEASE READ CAREFULLY**

**FAILURE TO COMPLY WITH THE FOLLOWING REQUIREMENTS SHALL RESULT IN DISQUALIFICATION FOR PROGRAM ACCEPTANCE, OR DISMISSAL IF ALREADY ACCEPTED AND IN THE PROGRAM.**

Teen Challenge shall not be responsible for the legal needs or requirements of a student before program entry or during attendance at Teen Challenge. Because of limited resources, it is Teen Challenge's admissions policy not to accept individuals into the program who require any of the procedures outlined below in item A.1.

**A. Legal: court, law enforcement agencies, parole and probation issues:**

1. Those wishing to participate in the Teen Challenge program, shall have, prior to entry into the program, all known and necessary, legal needs and requirements completed. These shall include, but are not limited to court hearings, sentencing, criminal and misdemeanor charges, warrants or arrest, jail time, involvement with attorneys, law-enforcement agencies, civil matters, parole and probation issues, etc.
2. As stated above, Teen Challenge does not have the resources to transport students back and forth from the program to outside organizations in compliance with the legal issues facing them. It also disrupts the student's concentration, commitment and program structure.

Therefore, Teen Challenge requires perspective students to complete and finish their legal affairs and issues prior to entering into the program.

3. Students while participating and enrolled in the Teen Challenge program will not be permitted to marry if single, nor initiate (be the first to start) divorce proceedings if married. If you have any questions, please speak to the appropriate Teen Challenge program director for clarification.
4. Teen Challenge International Pacific Northwest Centers will cooperate with outside law enforcement agencies, courts, parole and probation departments, attorneys, etc., by providing information, progress reports and other written documentation required while the student is in attendance in the Teen Challenge program.

TEEN CHALLENGE INTERNATIONAL  
PACIFIC NORTHWEST CENTERS  
MEDICAL AND DENTAL NOTIFICATION

**PLEASE READ CAREFULLY**

**FAILURE TO COMPLY WITH THE FOLLOWING REQUIREMENTS SHALL RESULT IN DISQUALIFICATION FOR PROGRAM ACCEPTANCE, OR DISMISSAL IF ALREADY ACCEPTED AND IN THE PROGRAM.**

Teen Challenge, is not a medical model program. And as such, doesn't have unlimited access to medical and dental facilities. Because of limited resources, it is Teen Challenge's admissions policy not to accept individuals into the program who require any of the procedures outlined below in item A.1.

**A. Medical and Dental:**

1. Those wishing to participate in the Teen Challenge program shall have, prior to entry into the program, all known and necessary medical and dental requirements completed ie., examinations, check-ups, chiropractic treatments, physical rehabilitation, therapy, appointments to be made and met, medical or dental operations, follow-up's, etc.
2. If you require or need to obtain any of the above procedures, you must have them completed before entering into the Teen Challenge program. You will not be permitted to have those items taken care of while in attendance at Teen Challenge. **TAKE CARE OF THEM BEFORE COMING INTO THE PROGRAM – NO EXCEPTIONS.**
3. Medical and dental care for students requiring attention shall be made available only when absolutely necessary (emergency situations) and at the student's expense.

**B. Medication and Vitamins**

1. All medication and vitamins (one vitamin only) are by prescription only. If you will be taking a particular medication or vitamin while in the Teen Challenge program – **this is a must.**
2. STUDENTS ARE PERMITTED TO BRING PRESCRIPTION MEDICATION OR A VITAMIN INTO THE PROGRAM OR RECEIVE THEM FROM OUTSIDE THE PROGRAM, IF, AND ONLY IF, THEY ARE ENCLOSED IN THE MANUFACTURER'S ORIGINAL PACKAGE AND THE WRAPPING SEAL IS UNBROKEN - **NO EXCEPTIONS.**
3. **Nonprescription Items** – Students are permitted to bring nonprescription items into the program or receive them from outside the program (aspirin, foot care, etc.), if, and only if, they are enclosed in the manufacturer's original package and the wrapping seal is unbroken – **NO EXCEPTIONS.**