

CHURCH ON THE STREET (COTS)

3210 N.W. Grand Avenue
 PHOENIX, AZ 85017
 (602) 257-8918

APPLICATION FOR ADMISSION TO THE 180 DAY DISCIPLESHIP PROGRAM

NOTE: Future Phases, if entered into, will extend this application to that Phase.

Name: _____ Date: _____
 (Last) (First) (Middle) Age: _____

Date of Birth: ___/___/___ Birth Place: _____ SS# ___-___-___
 Married: _____ Separated: _____ Divorced: _____ Single: _____ Widowed: _____

• Check highest grade completed: 8th _____ 9th _____ 10th _____ 11th _____
 H.S. Diploma _____ GED _____ College _____

Did you graduate from a Technical, Trade School or Journeyman Program? _____

• Do you have minor children? _____ If yes, how old are they and are they in your custody?

• Have you ever been convicted of or plead guilty or no contest to a crime other than a minor traffic violation?
 _____ If yes, please describe, including the disposition of your case. _____

• Have you ever been accused of, investigated or charged with any type of abuse or violence? _____ If yes,
 please explain: _____

• Have you ever been convicted of a sex offense? _____ If yes, please explain. _____

• Have you ever been accused of a crime involving a minor? _____ If yes, please explain. _____

• Are you now or have you ever been incarcerated? _____ If yes, please list DOC or current Booking
 Number: _____

• List any income. Source: _____ Amount: _____

• Next of kin: _____ Relationship to you: _____ Phone (____) _____

 (Address) (City) (State) (Zip Code)

• Driver's License: # _____ State: _____ Expires: ___/___/___

Type: _____ (If CDL, List All Endorsements)_____

• What do you feel is your most serious problem? _____

• Do you have an addiction problem? _____Alcohol? _____ Drugs? _____ Other _____ If yes, explain.

• Do you have any medical condition that would prevent your participation in strenuous physical activity or walking up 3 flights of stairs? If yes, explain: _____

• Are you presently taking any type of medication? _____ If yes, explain _____

• What is your religious affiliation? _____
Have you committed your life to Jesus Christ? _____ If yes, when? _____ Briefly explain what this means to you.

• What are your hobbies, talents, special interests or abilities you would like to share?

Have you carefully read the rules? _____

NOTE: Applicant MUST stop all use of tobacco products prior to being released from incarceration. If applicant is not coming from prison or jail, he or she must stop use of all tobacco products upon entry into our mission or prior to other probationary terms.

- *I understand and agree that: I am under the total direction and control of the Church on the Street (COTS). From time to time I may be requested to work under Kingdom Training, L.L.C., an Arizona limited liability company (KT) of which COTS is the sole member.*
- *My work for KT is part of my training to learn skills, work ethic, and attitude to make me successful in the marketplace after graduation from the COTS program.*

- *I am not an employee of COTS or KT, therefore, I will not be covered by Workman’s Compensation Insurance and I will not receive a salary. Any small amount of money that I may receive for my work contribution is simply a “Thank You” but will never exceed 10% of what the entry level wage for the task I am doing would be.*
- *I will only be used in KT if I agree, in writing, to the above and I agree to sign up for AHCCCS insurance in the event that I may be injured while working for KT.*
- *Although other groups such as City Help, Inc. of Phoenix (dba PDC) and Phoenix First Assembly (PFA) pray for us and may occasionally contribute help and finances, I understand and agree that I do not work for them.*
- *COTS and KT are separate corporations and are only tenants of the PDC.*
- *This agreement shall be binding on any future phases of the COTS discipleship program that I may enter into*

Initials _____

By my signature hereon I declare that I thoroughly understand what is expected of me during my stay in the CHURCH ON THE STREET 180 DAY DISCIPLESHIP TRAINING PROGRAM, and that I will cooperate in every way?

Signature: _____ Date: ____/____/____

Prison Chaplain’s Name: _____ Phone # _____ Ext. _____
(Required if Applying From Prison)

Parole Officer’s Name (If applicable) _____ Phone # _____ Ext _____

Intake Leader’s Signature: _____ Date: ____/____/____

Intake counselor's comments and special instruction;

Please fill this section out in full:

A.S.P.C. _____

Housing _____

Unit _____

P.O. Box _____

City _____

State & Zip _____