

Lazarus Project Application

INSTRUCTIONS:



1. *Fill out the application completely. Incomplete applications will not be accepted. You may or may not be contacted again if your application is incomplete. Be sure to answer every question. If you are accepted into the program and it is later discovered that you have provided false information on your application, disciplinary action will result up to and including termination from the program.*

2. *Return application to:*

*Mail to: The Lazarus Project, 3045 Memorial Boulevard,
Murfreesboro, TN 37129*

Fax to: 615-890-1477

You may drop applications off in person but you will not be interviewed at that time.

3. *Once your application is reviewed in a timely manner, you will receive a phone call setting up a time for a phone or personal interview with the Program Manager.*

If for some reason we are not able to accept your applications at the present time, we will contact you and let you know and not leave you wondering the status of the your application.

SPECIAL NOTE: Your application is confidential. It will be reviewed by authorized personnel only and secured properly. No one answer on this application will necessarily disqualify an individual from being accepted. The Lazarus Project is an equal opportunity institution and opposes discrimination in any form.

Before you complete the application, please note that the Lazarus Project is a faith-based drug rehab/Christian discipleship program and may not be for everyone.

Financial Agreement And Responsibility Acknowledgement Statement

Non-refundable Registration Fee: \$500.00

Although we do not charge for the program, there is a \$500 Non-refundable Registration / Administration Fee.

This fee in no way covers the cost that this ministry incurs to house, feed, transport and do the day-to-day operations that must be done for the program to be succeed.

If you are accepted into the program and it is later discovered that you have provided false information on your application, disciplinary action will result up to and including termination from the program.

I have read the above Financial Agreement and Responsibility Acknowledgement Statements and understand them. Also, I understand that all fees are due the first day you are officially enrolled.

Printed name: _____ Date: _____

Signature: _____ Date: _____

GENERAL INFORMATION

Application Date: _____

Full Name: _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of birth: _____

Age: _____

Social Security Number: _____ - _____ - _____

Gender: Male Female

Race/Ethnicity: _____

Marital Status: Single Married Divorced

Do You Have Children? Yes No

Please list the names and ages of your children:

Children	

Do you have a high school diploma or G.E.D.? Yes No

Who referred you to the program?: _____

What is your relationship your referral? _____

Referral's Phone Number: _____

Referrals email address if available: _____

FINANANCIAL INFORMATION

ISSUE	ESTIMATED DEBT
Child Support (per month)	\$
Probation Fees	\$
Student Loan Amount	\$
Alimony (per month)	\$
Court Cost	\$
Law Suit Amounts	\$
Other Expense	\$
TOTAL	\$

Drivers license number: _____

State drivers license are issued in: _____

Drivers license status: Valid Revoked

SUBSTANCE ABUSE INFORMATION

Years I have battled substance abuse: _____

Specific drug(s) of choice: _____

List all illegal drug(s) you have used in the past: _____

List all alcoholic beverages you have abused in the past: _____

of DUI's on your police record: _____

Do you currently smoke tobacco? Yes No

Do you currently use smokeless tobacco? Yes No

Have you abused prescription medication? Yes No

If yes please list all: _____

Are you currently detoxed? Yes No

Have you ever been arrested? Yes No

Please give details of your arrest(s): _____

Have you been convicted of a felony or pled no contest to a felony? Yes No

Please give details of your felony conviction: _____

List any felony charges: _____

Have you spent time in jail or prison? Yes No

If yes how long were you incarcerated at each occurrence? _____

Do you currently have any outstanding warrants for your arrest? Yes No

Are you on probation? Yes No

If yes where? _____

If yes who is your Probation Officer? _____

Please give your Probation Officer's Phone Number: _____

Are you a registered sex offender? Yes No

Do you have health insurance? Yes No

You will be required to take a physical exam, do you have a problem with that?

Yes No

Are you willing to release the results of the physical to the Lazarus Project administrators? Yes No

IMPORTANT: The Lazarus Project is not responsible for any healthcare bills. That is solely your responsibility to arrange a verifiable contact person (spouse, parent, etc.) and address for healthcare professionals to send any medical bills you might incur during your residency at the Lazarus Project. Your designated person will be contacted to verify that they will be responsible for any of your medical bills.

Have you read and do you understand the above statement? Yes No

Person responsible for your healthcare bills: _____

Person responsible for healthcare bills phone number: _____

Person responsible for healthcare bills address:

Street address: _____

City: _____ State: _____ ZIP: _____

I wear glasses or contacts. Yes No

I feel like I need to see eye doctor: Yes No

If yes, give Reason: _____

I feel like I need to see a dentist. Yes No

If so, give reason: _____

Do you currently have any of the following health issues?

I have tested positive for HIV / AIDS? Yes No

Communicable disease? Yes No

If yes, please list: _____

Hepatitis? Yes No

If yes, what type of hepatitis: _____

Sexually Transmitted Disease? Yes No

If yes, list: _____

Undergoing or completed treatment for STD? Yes No

If yes, explain: _____

List any other current diseases not listed above: _____

Do you have any current injuries? Yes No

If yes please list: _____

Do you have any currently allergies? Yes No

If yes please list all allergies: _____

Do you have any current disabilities? Yes No

If yes please list: _____

Are you currently taking a doctor prescribed medication? Yes No

If so, list each medication, dosage, and frequency you take medication: _____

List each physician's name who prescribed you this medication(s): _____

Do you have any special dietary needs? Yes No

If yes please list: _____

IMPORTANT! Unless a physician instructs otherwise, you will be required to exercise your body 5 days/week at 6:00 a.m. each weekday morning. Like boot camp is to the Army, physical training is also important to the Lazarus Project and is a mandatory part of our program.

Are you willing to submit to the physical training part of our program? Yes No

If no, explain: _____

Have you been diagnosed with any of the following mental health issues?

Bi-polar: Yes No

If yes, explain: _____

Paranoid: Yes No

If yes, explain: _____

Schizophrenic" Yes No

If yes, explain: _____

Depression: Yes No

If yes, explain: _____

BEHAVIORAL INFORMATION

IMPORTANT! Submission to authority doesn't even occur until you first disagree with an authority figure but agree to what he/she asks despite your disagreement.

How will you cope with the many layers of authority over you giving you daily instruction? _____

IMPORTANT! We have found that people battling life controlling issues only change when one of two things happens: (1) they are hurting bad enough that they have to or (2) they are hungry enough that they want to change.

In which condition are you? Hungry for change Hurting bad enough to change

List any previous drug rehabilitation programs that you have involved with:

Why do you want to enroll in the Lazarus Project? _____

The Lazarus Project is a Christ-centered, faith-based program. Why would you want to attend a Christian discipleship program? _____

Do you want to be free from addictive behaviors? Yes No

If yes, explain: _____

Our program is very strict with stringent rules, regulations, and restrictions. How would you deal with such a structured environment? _____

In addition to classroom instruction, our men perform physical labor every weekday and virtually every Saturday. How will you cope with such a physically demanding environment? _____

Are you aware that the Lazarus Project is a **minimum** 12-month program? Yes
 No

What makes you think you can complete a one year program? _____

IMPORTANT! The Lazarus Project curriculum operates on a semester (quarterly) basis. If you enter the program more than one month (4 weeks) after the classes have already started, you will be automatically enrolled in the "Ground Level."

This level consists of up to 2 months depending upon when you entered into the program. None of your time will count against your 1 year of classes while enrolled in the Ground Level.

Do you understand that although you may be accepted into The Lazarus Project, if you enter during the Ground Level phase, your 365 day count does not begin until you start classes the next semester? Yes No

Are you aware that you will not be able to work and earn an income while in the project? Yes No

How do you feel about that? _____

How can we be sure that you will, if accepted, fully commit to complete the 12-month program and won't waste our time and yours? _____

This is your one chance to say anything you would like to us: _____

By signing my name below, I am certifying that all information here is accurate and true.

Printed name: _____ Date: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Date application received: _____

Processed by: _____

Notes:

