

# Future Men

## Application for Admission

Place for picture

### Please complete forms in detail

**Please type or print clearly. Use blue or black ink only. Date:** \_\_\_\_\_

-

Name of person filling out application: \_\_\_\_\_

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

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

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

Telephone: Home: \_\_\_\_\_ Cell 1: \_\_\_\_\_

Cell 2: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

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### **How did you hear of/become referred to us: (Please select however many apply)**

Focus Adolescents (focusas.com) \_\_\_\_\_

Strugglingteens.com \_\_\_\_\_

Horizon Family Solutions (troubledteenhelp.com) \_\_\_\_\_

Google/yahoo/bing \_\_\_\_\_

facebook/myspace \_\_\_\_\_

education consultant \_\_\_\_\_

### **Information on applicant:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Natural Child? \_\_\_\_\_ Adopted? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Is your child presently living at home? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had previous placements outside the home? \_\_\_\_\_ If yes, please list other homes, schools, and institutions:

Name and address	Dates attended	Reason for change
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's name \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Step Father's name \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Step Mother's name \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Persons to notify in case of emergency (other than yourself):**

First name \_\_\_\_\_ Last Name: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
First name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

**Insurance Information:**

Insurance company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Name of Employer of Insured: \_\_\_\_\_  
Employer address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Social History:**

**Religious Affiliation (denomination)**

Applicant: \_\_\_\_\_  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Stepfather: \_\_\_\_\_  
Stepmother: \_\_\_\_\_

How would you describe the applicant's feelings towards church and a relationship with Jesus Christ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ethnic Background**

Applicant: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Stepfather: \_\_\_\_\_

Stepmother: \_\_\_\_\_

**Economic Information**

Please check the gross amount of the household:

\_\_\_\_ \$0-25,000

\_\_\_\_ \$75,000-100,000

\_\_\_\_ \$25,000-50,000

\_\_\_\_ \$100,000 or more

\_\_\_\_ \$50,000-75,000

**Please list Family members**

Name	Age	Relation	Currently living with applicant?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Please describe the overall personality of the applicant in the following three stages  
Birth to six years old:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Six to twelve:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Twelve to present:

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What do you see as the present problem?

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2. Please Describe the relationship of the applicant with:

a) Father: \_\_\_\_\_

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b) Mother: \_\_\_\_\_

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c) Stepfather: \_\_\_\_\_

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d) Stepmother: \_\_\_\_\_

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e) Siblings: \_\_\_\_\_

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3. Marriage History (please include divorces, separations, remarriages, etc., if any, and the applicant's reaction to them):

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4. Has the applicant ever been traumatized (sexual abuse, physical abuse, violence, etc...) or witnessed any abuses?

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5. Has the applicant been sexually active? Please describe history, frequency, patterns, pornography interests, etc.:

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6. What type of peers does the applicant spend time with? What are your feelings about these choices? \_\_\_\_\_

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7. Has the applicant ever used drugs or alcohol? Please describe history, usage, frequency, types, etc.: \_\_\_\_\_

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8. Has the applicant demonstrated violent behavior? \_\_\_\_\_ If yes, please describe in detail (with whom, when, what was done, etc.) \_\_\_\_\_

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9. Has the applicant ever talked about or tried to commit suicide? \_\_\_\_\_ If yes, please explain:

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10. Please describe the history of any specific disorder (depression, behavioral, eating disorders, etc.) the applicant has been “diagnosed” with:

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11. If the applicant has ever run away, please answer the following questions:

How many times has he ran away? \_\_\_\_\_

Alone? \_\_\_\_\_ If no, with whom? \_\_\_\_\_

How long was the applicant gone? \_\_\_\_\_

How were his needs met?:

Stealing? \_\_\_\_\_ Pan-handling? \_\_\_\_\_ Friends? \_\_\_\_\_ Other? \_\_\_\_\_

Did the applicant phone home? \_\_\_\_\_ Live with relatives? \_\_\_\_\_ Friends? \_\_\_\_\_

Distanced traveled \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What was the reason for running away?

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In detail, please explain the circumstances leading up to the applicant’s return home:

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Was the applicant involved in illegal activities? \_\_\_\_\_ If yes, please describe in detail:

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**Educational History**

1. Please describe the applicant's school performance (grades, relationship with teachers, classroom behavior) in three phases:

a) Kindergarten to 6<sup>th</sup> grade:

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b) 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grades:

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c) 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades:

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2. Has the applicant ever:

Had difficulties in school? \_\_\_\_\_ If yes, when and describe:

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Repeated grades? \_\_\_\_\_ If yes, which grades? \_\_\_\_\_

Skipped grades? \_\_\_\_\_ If yes, which grades? \_\_\_\_\_

Been suspended or expelled? \_\_\_\_\_ If yes, when and describe in detail:

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Is the applicant currently attending school? \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of school counselor: \_\_\_\_\_

Does your child have an Independent Educational Program? \_\_\_\_\_

Name of Schools Attended	Address	Grade/Yr	Reason for leaving

What do you perceive as the applicant's current academic needs?

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**General Information**

Please describe the applicant's behavior in the following areas:

Note: The rating scale is a simple way to quantify your judgements regarding the applicant. The number you circle should reflect your general evaluation of how the applicant is adjusting in the area suggested (i.e. "family"). For example, a "2" would mean the applicant is characterized by doing poorly, while a "6" would indicate a little better than average, and a "10" means he couldn't be doing any better.

Please use comment lines for further explanation.

**Family:**

(1) Rate the applicant's ability to get along with family members:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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(2) Applicant's ability to communicate with family members:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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(3) Applicant's ability to control himself in the area of physical aggressiveness (i.e. punching walls, assaulting others, throwing objects):

1    2    3    4    5    6    7    8    9    10

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(4) Applicant's general level of honesty:

1    2    3    4    5    6    7    8    9    10

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### **Academic/Educational**

(1) What is the applicant's current GPA and is he passing his classes?

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(2) Rate the applicant's motivation to finish high school:

1    2    3    4    5    6    7    8    9    10

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(3) Applicant's motivation to accomplish long term academic goals (i.e. college, trade schools, etc.):

1    2    3    4    5    6    7    8    9    10

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### **Social**

(1) Applicant's consideration of other's rights and property:

1    2    3    4    5    6    7    8    9    10

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(2) Applicant's involvement in illegal activities (i.e. stealing, vandalism, etc.):

1    2    3    4    5    6    7    8    9    10

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**Spiritual**

(1) Applicant's general attitude toward God:

1    2    3    4    5    6    7    8    9    10

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(2) Applicant's openness to discussing spiritual issues:

1    2    3    4    5    6    7    8    9    10

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(3) Applicant's degree of interest and/or participation in activities that develop his faith (i.e. going to church, reading the Bible, prayer, etc.)

1    2    3    4    5    6    7    8    9    10

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**Physical**

(1) Applicant's attitude toward drugs and alcohol:

1    2    3    4    5    6    7    8    9    10

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(2) Applicant's involvement with drugs and alcohol:

1    2    3    4    5    6    7    8    9    10

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(3) Applicant's level of personal hygiene and self care:

1    2    3    4    5    6    7    8    9    10

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## Resolving Conflict

Rate the applicant's ability to resolve conflict with the following:

(1) Parents

1    2    3    4    5    6    7    8    9    10

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(2) Siblings

1    2    3    4    5    6    7    8    9    10

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(3) Peers

1    2    3    4    5    6    7    8    9    10

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(4) Authority (i.e. teachers, employers, police, pastor, etc.)

1    2    3    4    5    6    7    8    9    10

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## Medical History

Please list all doctors and other professionals (i.e. pediatrician, psychiatrist, etc.) who have examined and/or treated the applicant.

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

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

Nature of services: \_\_\_\_\_

Age when seen: \_\_\_\_\_

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

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

Nature of services: \_\_\_\_\_

Age when seen: \_\_\_\_\_

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

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

Nature of services: \_\_\_\_\_

Age when seen: \_\_\_\_\_

Please list any past/present medications:

Medication: \_\_\_\_\_

Doctor prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Dates: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor prescribing: \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

Dates: \_\_\_\_\_

Please list any past/present medical concerns or conditions of family members which may affect the applicant or family relationships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Future Men

## Medical History

Applicant's name:

Blood type (if known): Date of Birth:

Age:

Important: Complete every item on both pages. Mark yes or no. If yes, refer to item by number and explain when the problem occurred and give details of present condition, including current medication. Use additional paper if needed.

Yes          No

- |       |  |
|-------|--|
| _____ | 1. Is applicant on any prescribed medications?     |
| _____ | 2. Has applicant been exposed to HIV virus?        |
| _____ | 3. Ear pain or problem with hearing?               |
| _____ | 4. Eye discomfort or difficulty?                   |
| _____ | 5. Frequent or migraine headaches?                 |
| _____ | 6. Dizziness or fainting spells?                   |
| _____ | 7. Hay fever or nasal problems?                    |
| _____ | 8. Hives or skin allergies?                        |
| _____ | 9. Skin sores or rashes?                           |
| _____ | 10. Warts or sores on feet?                        |
| _____ | 11. A lump, mole or swelling?                      |
| _____ | 12. Coughing?                                      |
| _____ | 13. Chest pain or shortness of breath?             |
| _____ | 14. Spitting or coughing up blood?                 |
| _____ | 15. Sweating at night?                             |
| _____ | 16. Stomach aches, burning or indigestion?         |
| _____ | 17. Urinary burning?                               |
| _____ | 18. Pain in back, neck, or joints?                 |
| _____ | 19. Difficulty walking, running or lifting things? |
| _____ | 20. A rupture or hernia?                           |
| _____ | 21. Unexplained weight loss?                       |

- \_\_\_\_\_ 22. Excessive weight gain?
- \_\_\_\_\_ 23. Diarrhea or unusual bowel movements?
- \_\_\_\_\_ 24. Any injury or illness not already noted?
- \_\_\_\_\_ 25. Heart trouble or disease?
- \_\_\_\_\_ 26. Diabetes or sugar in urine?
- \_\_\_\_\_ 27. Venereal disease?
- \_\_\_\_\_ 28. Asthma or wheezing?
- \_\_\_\_\_ 29. An ulcer?
- \_\_\_\_\_ 30. Seizures, convulsions or epilepsy?
- \_\_\_\_\_ 31. Birthmarks and/or tattoos?
- \_\_\_\_\_ 32. Hypoglycemia?
- \_\_\_\_\_ 33. Chicken Pox?
- \_\_\_\_\_ 34. Appendicitis?
- \_\_\_\_\_ 35. Glasses or contacts?
- \_\_\_\_\_ 36. Allergies to medicines?

Is there any additional medical information we should be aware of?

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I declare the preceding to be true and correct:

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Parent/Guardian

Date

## Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child,

\_\_\_\_\_

in participating in the activities connected with Future Men during his stay in the program. I certify that my child is able to participate in the activities including sports, swimming, hiking, horseback riding, and other activities as deemed appropriate by the staff of the program. If my child has medical conditions which may be relevant to a physician in the event of an emergency I authorize Aaron Boldman, Mitchell Vaught, Lance High and whoever may be performing the duty of mentor to make emergency medical decisions for my child. If there are any activities that I do not want my child to be involved in, I have listed them below.

I understand and hereby agree to assume all of the risks which may be encountered on activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Aaron Boldman, Mitchell Vaught, Lance High and whoever may be performing the duty of mentor harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law of the state of Missouri, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Medical Conditions to be aware of: \_\_\_\_\_

Physical restrictions: \_\_\_\_\_

Instructions and medications: \_\_\_\_\_

Date of last tetanus or booster: \_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

## Parent or Guardian Medical Release/Consent Form

To whom it may concern:

I hereby give my consent to Aaron Boldman, Mitchell Vaught, Lance High and current Future Men mentors to act in loco parentis when, upon the advice of a physician, surgeon or dentist, immediate medical, surgical or dental care is required by

\_\_\_\_\_ and **no liability** shall be imposed upon them in any way.

I will assume payment for medical and dental services and medicine prescribed by the doctor.

I have insurance with: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent

\_\_\_\_\_

Date

Signed: \_\_\_\_\_

Witness

\_\_\_\_\_

Date

## Future Men Runaway Policy

We, the undersigned, as parents of \_\_\_\_\_, agree to hold Aaron Boldman, Future Men, and any of the volunteer or paid staff thereof, **not responsible** for any damages or harm caused to our son in the event that he should run away during his stay at Future Men. We recognize that running away is a risk that we are willing to take in sending him to Future Men. This risk could be emotional, physical, or psychological. We acknowledge the risk even to the point of the death of our son.

We, the undersigned, as parents of \_\_\_\_\_, also agree to be held financially responsible for any damages our son should cause in the event that he does run away. We accept this responsibility until he has reached the age at which the state of Missouri recognizes him as a legal adult and responsible for his own actions. Our expectations of Aaron Boldman, Future Men, and any of the paid or volunteer staff, in the event of our son running away, is to let us know of the incident in a timely fashion, and then act upon an agreeable course of action.

It is agreed ahead of time that our son is placed at Future Men willingly and that he recognizes and understands the ramifications and consequences should he run away from the program.

\_\_\_\_\_  
**Parent**

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

\_\_\_\_\_  
**Parent**

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

\_\_\_\_\_  
**Aaron Boldman**

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

# Apprentice Waiver Sheet

I, the undersigned parent or guardian, hereby consent to my child, \_\_\_\_\_

In participating in the apprentice work program connected with Future Men during his stay in the program. I understand and hereby agree to assume all of the risks which may be encountered while working with \_\_\_\_\_ . I do hereby agree to hold \_\_\_\_\_ harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the state of Missouri, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

I also hereby give my consent to \_\_\_\_\_ to act in loco parentis when, upon the advice of a physician, surgeon or dentist, immediate medical, surgical or dental care is required by \_\_\_\_\_ and no liability upon them in any way.

I have medical insurance with: \_\_\_\_\_

Policy number: \_\_\_\_\_

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

Parent

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

Witness

# Items to Bring

These are the minimum, you may bring more of any category if you desire

## Clothing:

### **Work (apprenticeship included)**

- 3-5 t-shirts
- 2 pair of jeans
- 3-5 heavy socks
- 2-3 pair of work shorts
- 1 pair of work gloves
- 1 sweatshirt

### **School and casual**

- 3-5 t-shirts or pull over types
- 2-5 pair of pants (jeans or khaki type)
- 2 sweaters/sweatshirts
- 2-5 pairs of shorts
- Seat pants (for working out)

### **Church or other nice outing**

- 1-2 pair of dockers type or nicer pants
- 1-2 polo type or button up shirts

### **Shoes**

- 1 pair of tennis/running shoes
- 1 pair of water sandals
- 1 pair of work boots
- 1 nice pair of shoes (for church and nicer outings)

### **Personal items**

- 7 pair of underwear
- 7 pair of socks
- Bathroom kit: toothbrush and paste, razor, shampoo, brush or comb...etc. We will provide these after your initial supply runs out. We do not buy specialty products, these can be sent if you desire.

### **Bedding**

- Pillow
- Twin sheets
- Comforter or blankets
- Mattress pad

### **Do not bring**

- Clothing items with advertisements for bands, alcohol or tobacco products
- CDs or music of any form (tapes, MP3, ...etc.)
- Walkman type music players, MP3 players or radios

### **Optional items**

- Flashlight
- School supplies (we provide unless you desire your own type)
- Hobby items (guitar, fishing supplies, ....etc.)
- Pictures from home (family and friends-appropriate poses required)