



Well of Hope Resident Application Form Confidential — For Ministry Use Only

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Age: _____

Phone Number: _____ Email Address: _____

Current Address: _____

Emergency Contact:
Name: _____

Relationship: _____ Phone number: _____

SPIRITUAL BACKGROUND

Are you currently attending a church? ☐ Yes ☐ No

If yes, which one?

How would you describe your current relationship with God?

Why do you want to be part of this ministry home?

What areas of your spiritual life are you seeking to grow in?

☐ Prayer ☐ Bible Study ☐ Fellowship ☐ Healing/Recovery ☐ Other:

What do you personally feel like you need recovery from (ie: drugs, alcohol, etc.)?

LIVING HISTORY

Do you have any history of:

☐ Substance Abuse ☐ Incarceration ☐ Domestic Abuse ☐ Homelessness ☐ Mental Health Struggles

☐ None of the above

If you have a history of any of the above, in a few words, please elaborate:

Do you have any criminal history? ☐ Yes ☐ No

If so, please give a brief explanation of your criminal history:

Are you willing to submit to a background check? ☐ Yes ☐ No

*Note: A criminal history may not exclude you from participating in this ministry.

Are you currently working or attending school? ☐ Yes ☐ No

If yes, where?

Marital status:

☐ Single ☐ Married ☐ Divorced

Do you have any dependents or legal obligations that may affect your residency? ☐ Yes ☐ No

If yes, please explain:

Do you have any children? ☐ Yes ☐ No
If yes, who do your children reside with:

MEDICAL HISTORY

List any current medical conditions that may affect your participation in this program:

List any prescription medications that you are currently taking, including any routine over the counter medications:

COMMITMENT & AGREEMENT

Well of Hope is a Christ-centered living environment. Residents are expected to participate in daily/weekly spiritual activities, respect house rules, and commit to personal and spiritual growth.

Are you willing to participate in Bible studies, church services, and community chores?

☐ Yes ☐ No

Are you willing to follow house rules and be accountable to ministry leadership?

☐ Yes ☐ No

Signature: _____ Date:

FOR OFFICE USE ONLY

Date Received: _____ Interview

Completed: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No

Move-in Date:

Notes:
