

# SUBSTANCE INTERNATIONAL INSTITUTE



# APPLICATION

## Check List

- Complete Substance International Institute Application

Please complete the following application.

**Your information is strictly Confidential to Us!**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## All About You

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Occupation: \_\_\_\_\_

Gender: Male / Female      Birth date: Month: \_\_\_\_\_ Day: \_\_\_\_\_

Have you ever been arrested and convicted of a crime or felony? Yes \_\_\_\_ No \_\_\_\_

When? \_\_\_\_\_

If so, please explain \_\_\_\_\_

## Marital Status (Circle one)

Single      Dating      Married      Separated      Divorced      Widowed

Referred by: \_\_\_\_\_

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

## About your Religious Experience

**(If you do not attend a church please skip this section)**

Currently Church/Ministry Attending: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Number of Year attending that Church/Ministry: \_\_\_\_\_

Have you been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_

Do you believe in God? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Do you pray to God? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

Do you read the Bible? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

Do you have devotions with your family? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_

If you died tonight you would go to heaven? Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

What is the basis for answering the above question as you did?

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

If you have received Christ as Savior, what changes took place in your life when you became saved?

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

Signature \_\_\_\_\_ Date \_\_\_\_\_