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This application is only valid if you have contacted our intake department by calling 1-800-VICTORY.

All forms must be completed, signed and notarized prior to arriving for your scheduled intake appointment.

A financial interview will be a part of your intake appointment. You must attach 2 years tax returns to this application.

FREEDOM VILLAGE U.S.A.
Teen Campus & Ministry Headquarters

FREEDOM VILLAGE CANADA
Reaching Canada's Youth

FREEDOM VILLAGE UKRAINE
Home for Ukraine's Teenagers

OPERATION MERCY
Reaching Ukraine's Orphans

GIFT OF LIFE HOME
Home for Pregnant Girls

CAMP VICTORY
Camp for 8-12 Year Olds

FREEDOM ADVENTURES
Reaching Boys without Dads

FAMILY CAMPING CENTER
Strengthening Families

RUTH HOMES
Women Over 21

FREEDOM RANCH
Men Over 21

WOMEN'S MINISTRY
Restoring Women's Lives

NURSING HOME MINISTRY
Outreach to Senior Saints

R.E.I.N.S. OF FREEDOM
Reaching Kids through Horses

OPERATION MATTHEW 25
Food Distribution

VICTORY TODAY TV
A Picture of Hope

VICTORY TODAY RADIO
Proclaiming the Victory

MUSIC MINISTRY
Victory Singers
Sounds of Freedom
New Life Singers
Precious in His Sight Trio

JAIL/PRISON MINISTRY
Hope for the Prisoners

PSYCH WARD MINISTRY
Helping the Victims

SAVE AMERICA'S YOUTH
Public School Outreach

SAVE CANADA'S YOUTH
Public School Outreach

FREEDOM BIBLE COLLEGE
Training tomorrow's Leaders

FREEDOM PUBLICATIONS
Audio, Video and Book Helps

1-800-VICTORY

Dear Friend,

Thank you for your interest in the ministry of Freedom Village. We are looking forward to meeting you at intake time.

Enclosed you will find several forms that must be completed in full, signed notarized and brought to the interview. We have included a checklist for your convenience. In addition, please bring any other important medical or legal papers that you feel may be helpful.

When you and your child come for the intake interview, please bring his/her belongings. Please understand that this does not mean your child is already accepted. However, if your child is accepted, he/she will enter the program immediately.

If your child is under the age of eighteen, his/her legal guardians must sign the forms. If the legal guardian is someone other than one or both of the natural parents, original court documents appointing legal guardianship must be provided.

Yours for the children,



Pastor Fletcher A. Brothers

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APPLICATION FOR ADMISSION

THIS IS A PERMANENT RECORD. Please complete all sections of the application. All entries must be answered. If information is unknown, every effort should be made to obtain it. This will be very valuable in working with the young person. If question asked is not applicable, please use the N/A (not applicable) letters. Write on the back or use other paper to give complete information.

Please print using ink.

Name of person making application: _____

Address: _____ City: _____

State/Prov: _____ Zip: _____ Phone: (____) ____ - _____

Place of Employment: _____

Address: _____ Phone: (____) ____ - _____

Relationship to the child: _____

Part I – General Information

Name of child for whom application is made: _____

Male/Female: _____ Birthdate: __/__/____ Birthplace: _____

Height: _____ Weight: _____ Color of eyes: _____ Color of hair: _____

SSN/SIN: _____ Grade: _____

School: _____

List all siblings including stepbrothers, and stepsisters:

1. Name _____ Birthdate __/__/____ Occupation: _____

Address: _____ Phone#: (____) ____ - _____

2. Name _____ Birthdate __/__/____ Occupation: _____

Address: _____ Phone #: (____) ____ - _____

3. Name _____ Birthdate __/__/____ Occupation: _____

Address: _____ Phone#: (____) ____ - _____

Use back of page for more information

Name and relationship of person responsible for the young person: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____ Phone :(____) ____ - _____

Does this young person receive social security benefits? _____ State/Prov: _____

Amount: _____ How often: _____ To whom paid: _____

List any other benefits for which this young person is eligible: _____

List any insurance policies that cover this child: _____

Ins. Company _____ Policy#: _____

Have you been in contact with any state agencies in your area? (I.e. welfare, social services, child care, etc.) _____

Have you made application to any other institution? _____

If so, where? _____

List distinguishing characteristics (physical or mental): _____

Part II – Health

A. Physical Health

Does the young person have any physical disabilities? If yes, please explain:

Does this child have any allergies? If yes, please explain: _____

Is he/she taking any medication at the present time? If, yes, specify the medication, duration, and the condition being treated: _____

***Important*- If your young person is taking any mood altering drugs, they must be weaned off of them and be free of taking those medications for two weeks prior to your intake appointment. Speak to the Intake Coordinator for more information.**

Has he/she received any medical attention over the past year? If yes, please specify:

B. Mental Health

Does he/she have any mental problems? If yes, specify: _____

Parental observations: _____

Professional observations: _____

Doctor's Name: _____ Address: _____

City: _____ State/Prov: _____ Zip: _____ Phone : (____) _____ - _____

Diagnosis (if known): _____

Institution (if any were involved): _____

Address: _____

City: _____ State/Prov: _____ Zip: _____ Phone: (____) _____ - _____

C. Sexual Activity

Has he/she ever been sexually active with the opposite sex? If yes, please explain:

Has he/she ever been involved in any homosexual activities? If yes, please explain:

Has he/she ever been sexually and/or physically abused? If yes, please explain: _____

Married? Any children? Specify: _____

Is he/she in trouble with the law? If yes, explain (Please include all charges, court dates, convictions, delinquency, etc.): _____

Has he/she had a problem with arson? If yes, explain: _____

Has he/she had any problem with extreme violence, vandalism, terroristic threats or behavior? If yes, please explain: _____

Part III – Character Changes/Behaviors

Please place an “X” in the blank beside the characteristics the young person displays:

- Changes in school attendance, discipline, and grades
- Changes in character of homework turned in
- Unusual flare-ups or outbreaks of temper
- Poor physical appearance
- Secretive behavior regarding drugs and possession
- Wearing of sunglasses or tinted glasses at inappropriate times
- Constantly wears long-sleeved shirts
- Association with known drug abusers or trouble-makers
- Borrows money from friends and fellow students
- Steals small items from school and stores
- Finding the young person in odd places during the day such as closets, storage rooms, etc.
- Dilated or constricted pupils or blood-shot eyes
- Spends an excessive amount of time alone
- Presence of strange smells or pills on the clothes, in the bedroom, purse, etc.
- Listens to excessively loud rock/rap music
- Tends to stay awake long into the night and sleeps late into the day
- Watches an excessive amount of television (6-8 hours a day)
- Has a learning disability
- Has run away

Part IV – Family

Father

Father's Name: _____ Address: _____
City: _____ State/Prov: _____ Zip: _____ Phone : (____) ____ - _____
Occupation: _____ Monthly Income: _____ SSN/SIN ____ - ____ - ____
Birthdate: _____ Birthplace: _____
Highest grade completed: _____ Other Training: _____
If deceased, date of death: _____
Cause of death: _____
Can the young person have contact? _____ Church Member? _____
Where? _____ Mental or physical handicaps: _____
Divorced? _____ Remarried? _____

Mother

Mother's Name: _____ Address: _____
City: _____ State/Prov: _____ Zip: _____ Phone: (____) ____ - _____
Occupation: _____ Monthly Income: _____ SSN/SIN ____ - ____ - ____
Birthdate: _____ Birthplace: _____
Highest grade completed: _____ Other Training: _____
If deceased, date of death: _____ Place: _____
Cause of death: _____
Can the young person have contact? _____ Church Member? _____
Where? _____ Mental or physical handicaps: _____
Divorced? _____ Remarried? _____

Who has legal custody of the young person? _____

If neither parent has custody, has the court appointed a guardian? _____

If so, whom? _____

Is the child permitted contact with any other family member? _____

Name: _____ Address: _____

City: _____ State/Prov: _____ Zip: _____ Phone: (____) ____ - _____

Are you aware of any relatives or friends who might object to this placement? _____

List names and addresses of some and why they would object:

Medical History

Student's Name: _____ Birthdate: _____ Sex: _____
 Father's Occupation: _____ Mother's Occupation: _____
 Father's health: _____ If deceased, cause: _____
 Mother's health: _____ If deceased, cause: _____

Past diseases – if your child has any of the following, state the date occurred:

Anemia _____ Heart Disease _____ Rheumatic Fever _____ Asthma _____
 Chicken Pox _____ Measles _____ Scarlet Fever _____ Ear conditions _____
 Diabetes _____ Mumps _____ Tuberculosis _____ Frequent cold _____
 Epilepsy _____ Nephritis _____ Contact with TB _____ or sore throat _____
 German Measles _____ Pneumonia _____ Whooping Cough _____ Operations _____
 Syphilis _____ Gonorrhea _____ Allergies _____

Any serious illness other than above – details if pertinent (send records if available): _____

Does your child have a disability due to disease or accident? _____

Has your child had a skin test for tuberculosis? _____

NEW YORK STATE LAW REQUIRES: 5 DPT, 2 MMR (Measles, Mumps, Rubella) 4 Polio, 3 Hepatitis B, and 1 Varcella required, also up to date Tdap or TD.

***ALL CANADIANS need** to check with their Dr. and the Health Dept.

PRIMARY IMMUNIZATIONS

DPT/TD/TDAP	POLIO	MEASLES/ MUMPS/ RUBELLA
1.	1.	1.
2.	2.	
3.	3.	2.
4.	4.	
5.	5.	3.
6.	6.	
7.	7.	

HEP A	HEP B	HIB	Meningococcal	Varcella
1.	1.	1.		
2.	2.	2.		
	3.	3.		
		4.		
		5.		

Signature of Guardian: _____ Date: _____

Signature of Physician: _____ Date: _____

Phone: (____) _____

Probation-Parole Information Sheet

1. Are you currently on probation/parole? _____

If yes, please supply the following information:

Date of charges: _____

Name of arresting law enforcement agency: _____

Probation/parole officer's name: _____

Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Email: _____ @ _____ . _____

2. If you have previous arrests for which you were placed on probation/parole, list the following:

Arrest dates: _____

Arresting law enforcement agency: _____

Probation/parole officer's name: _____

Address: _____

Phone: (____) _____ - _____

*If you have a criminal history record, please obtain a copy from your probation/parole officer and submit with this sheet.

() I affirm the above information to be accurate to the best of my knowledge.

() My son/daughter is not presently on probation/parole.

Signature of Parent/Guardian

Date

Consent of Parent or Guardian

***This consent form must be signed in the presence of a notary public.

This is an agreement between _____ and Freedom Village, USA in the
Name of Parent or Guardian
State of New York, county of Yates, regarding _____.
Name of Young Person

We the Parent/Guardian of the above-named person agree to the following:

- 1) I agree that I will hold harmless and not bring suit against Freedom Village, USA or its agents or employees for any injury, harm or other dangers whether caused by its agents or employees, or by third parties, nor will any action be brought for the acts of the child named above.
Initial here _____
- 2) This consent authorizes the use of pictures or other visuals in which my child may appear or any other media in which said child may appear in promotions or productions which are connected with Freedom Village, USA or its other ministries.
Initial here _____
- 3) This consent authorizes the release of school information pertaining to said child to Freedom Village, USA for its private use and evaluation.
Initial here _____
- 4) I consent that the authorities of Freedom Village, USA may provide for examination and/or diagnostic procedures and may provide emergency surgery, counseling services, and/or medical or dental treatment or administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such examination, diagnostic procedures, emergency surgery, administration of anesthetics or medical treatment is necessary for the mental or physical health of the said child.
Initial here _____
- 5) I assume responsibility for the total cost of any emergency, medical or dental needs listed in number 4.
Initial here _____
- 6) I grant my child permission to travel to various Freedom Village, USA functions during his/her stay. I understand these activities may take him/her to other states, as well as Canada.
Initial here _____
- 7) In addition, I agree not to hold Freedom Village, USA liable for any accidents or injuries that occur while on the road or at any of these functions.
Initial here _____
- 8) I affirm that I am legal guardian of the above named person and that I have the authority to make this placement.

Signature

I have read and agree to abide by all of the above. I have also read, understand and give my consent to have my child governed by all policies, rules, and regulations of Freedom Village, USA.

Signature of Young Person _____

SEAL

Signature of Father _____

Signature of Mother _____

Signed before me on this date: _____

My commission expires: _____

Signature of Notary

Consent to Transfer Records

I hereby authorize the release of all () School records
() Medical records
() Psychological records
() Legal (probation, parole, etc.) records

for _____ to Freedom Village, USA, for their use.
Name of individual

Such records shall include, if available, psychological evaluations and behavioral reports as well as standard test results. This information may be used by Freedom Village, USA in meeting the educational, medical and psychological needs of the above named individual.

This release shall apply to any school, school district, medical facility, psychological/psychiatric care facility or any other educational or health care professional or facility previously attended by the above named individual, as well as any pertinent legal documents (i.e. probation records, parole records, court records, etc.)

Date

Signature

Former School Information:

Name: _____

Street: _____

City-State/Prov: _____

ZIP Code: _____

Necessary Items List

THE FOLLOWING IS A LIST OF ADDITIONAL ITEMS YOUR CHILD WILL NEED WHILE AT FREEDOM VILLAGE. PLEASE INCLUDE THESE ITEMS WHEN PACKING:

NECESSARY CLOTHING ITEMS:

Shower shoes/flip-flops
Sneakers
Bathrobe
Winter jacket, gloves, and hat
School Uniform
(Please see Clothing Guidelines for Allowed Clothing)

NECESSARY PERSONAL ITEMS:

King James Version Bible
Comforter and/or blanket
Twin size sheet sets
Pillow
Towels
Laundry basket/supplies
Personal hygiene supplies
Shower basket
Hangers – (no wire hangers)
Small trash basket
Small lamp
Alarm clock (non-radio)
Pencils & pens (black/blue only)
Stamps, envelopes & paper

OPTIONAL ITEMS:

Phone cards (in place of collect calls)
Boots
Basketball, baseball, glove, etc...
Storage bin
Work clothes (older clothes for chores)
Iron

ITEMS THAT ARE NOT PERMITTED:

Music and music players (CD's, MP3, radio etc.)
Magazines Magic markers Mouthwash with alcohol
Aerosol products (hairspray etc.)
Q-tips Musical Instruments Pictures of friends

Please keep in mind, space is limited in the dorm rooms. Family pictures are permitted provided they are within our standards. Photographs of friends (male or female) are not permitted.

CLOTHING GUIDELINES FOR YOUNG MEN

- Young men are required to wear dress pants, dress shirts, tie and dress shoes to all Sunday services. A tie is optional for Wednesday evening service.
- Young men are not allowed to wear necklaces, earrings, or bracelets (with the exception of Medic Alert type bracelets). Rings may be worn on the ring finger or little finger. Any jewelry that is deemed ungodly or feminine is not allowed.
- Rock and roll style shirts, net or mesh shirts, sleeveless shirts, t-shirts with ungodly slogans or emblems, or shirts advertising ungodly products or places are not allowed.
- Plain white t-shirts or muscle shirts are allowed only inside the dormitory. Tight t-shirts are never allowed.
- Shirts must be tucked in when outside the dormitory.
- Cut off shirts are not allowed.
- Boys may wear shorts during hot weather, provided they are no more than 3 inches above the knee and fit properly.
- Boys may wear sweat suits only when they are going to, coming from or participating in on- property sports activities.
- Pants with pockets on the leg (cargo/ carpenter style) may not be worn anywhere on property. Rap styled, oversized, low hanging and/ or baggy leg pants are not permitted. Pant sizes may not be more than 2 inches larger than the waist. Jeans must be of a plain style. Jeans with loops or with large logos running across the pockets or down the leg are not acceptable.
- The following brands are not permitted, and any other brand we may question at intake time: Fubu, Mossimo, Wu Wear, JNCO, Stussy, Billabong, Dr. Martens...
- All military style, camouflage or punk/ grunge style garments prohibited.
- A belt must be worn with all pants that have belt loops on them.
- Only boxer type bathing suits are allowed.
- Dress checks must be made before leaving the dormitories or before reporting for any activities or church services. Failure to report to dress check will result in one day of No-Level.
- THE ADMINISTRATION RESERVES THE RIGHT TO DEEM ANY CLOTHING UNACCEPTABLE EVEN THOUGH IT MAY NOT BE SPECIFICALLY MENTIONED ABOVE.
- Any unapproved items will be confiscated. Those items will then become the property of Freedom Village and disposed of at our discretion.
- SCHOOL UNIFORMS ARE REQUIRED IN THE LEARNING CENTERS. PLEASE MAKE SURE THAT ALL NEEDED ARTICLES ARE BROUGHT WITH YOU ON THE DAY OF YOUR YOUNG PERSONS APPOINTMENT. THE UNIFORM CONSISTS OF:
 - Plain white collared shirts (short and long sleeve are needed)
 - Navy blue dress pants
 - Navy blue or black dress socks
 - Black dress shoes
 - Conservative ties
- It is the student's responsibility to keep their uniform clean and in good repair.
- Proper fitting, modest apparel is our goal. On one end of the spectrum, is too tight. On the other end of the spectrum, the "baggy look" will not be allowed. You must wear proper fitting, modest apparel.

- All items purchased, whether apparel or other items, must be presented for inspection to the respective deans of the dorms. Immediately upon a student's return to campus, any unapproved items will be confiscated and disposed of at the discretion of the administration.
- Each young man must have a regulation haircut. Hair must be above the ear. Hair may not be parted in the middle. Young men must be clean-shaven.
- Sideburns must be neat and trimmed and to be no longer than half way down the ear.

Attention:

- When determining the amount of clothes to bring, remember that students do laundry only once a week.
- All items brought on intake day, whether apparel or other items, will be presented for inspection to the respective dean of the dorms. Any unapproved items are sent home, or disposed of at the administration's discretion. Please understand our policies are strictly enforced during the entire time your young person is in the program.
- If clothing is unapproved on intake day, please be prepared to purchase approved clothing before leaving your young person.

CLOTHING GUIDELINES FOR YOUNG LADIES

- Sunday Church services- ladies are required to wear dresses or skirts. Dresses and skirts must come to the knee, and be no more than 3 inches from the knee when seated. Slips and stockings are required with all dresses and skirts.
- Wednesday Church services- young ladies may wear dress pants or khaki's as an alternative to dresses or skirts.
- All pants (dress slacks, khakis, or jeans) must be of plain style only. No fading, tears, designs down legs or back pockets. No cargo or carpenter style pants. Pants must be of proper length, not frayed or torn on the hem. **No low-rise pants.**
- All tops must be long enough so that when your arms are raised, no stomach is shown. Necklines on all garments must be no lower than 3 fingers from the collarbone. Sleeveless tops and dress are permitted but must completely cover undergarments, and no less than 3 fingers wide on the shoulders. Spaghetti straps are not allowed.
- Tops with ungodly slogans, emblems, advertising ungodly products or places will not be permitted.
- The following brands are not permitted, all others are subject to question in the intake process: Abercrombie & Fitch, Billabong, Dr. Martins, Fubu, G Unit, Johnny Blaze, Mecca, Mossimo, Phat Farm (Baby Phat), Rocawear, Sean John, Stussy, and WuWear.
- All military, or camouflage style clothing is prohibited.
- Longer underwear is permitted during the winter months as long as it does not show.
- Girls may wear sweat suits/jogging pants when participating in on-property sports activities. Otherwise they may only be worn in the dorm.
- Modest **one-piece** bathing suits only are permitted

- No platform style shoes. Shoes may be no higher than 3 inches in the heel, and one inch in the sole. No masculine style shoes or combat boots are permitted.

THE GENERAL RULE IS MODEST, APPROPRIATE, PROPER FITTING APPAREL AT ALL TIMES. NOTHING FORM FITTING OR THAT CLINGS IN ANY WAY WILL BE PERMITTED. THE ADMINISTRATION RESERVES THE RIGHT TO DEEM ANY CLOTHING UNACCEPTABLE.

Jewelry Rules:

- Earrings in first hole only. No other piercing allowed.
- Earrings may be no more than one inch in length
- One necklace may be worn at a time. No chokers permitted.
- Two bracelets on each wrist (including a watch).
- No more than two rings on each hand. No thumb or toe rings.

Makeup Rules:

- Girls under 16yrs old can wear foundation, blush, clear mascara, and clear lip-gloss only.
- Girls 16yrs old and older **cannot** wear eyeliner, eye shadow applied as eyeliner, or glitter.
- All makeup must be applied modestly.
- No dark blue or black nail polish allowed.

School Uniform:

- White, collared, button down blouses (long and short sleeved). minimum requirement-4
- Navy blue skirts to the knee or longer. minimum requirement-2
- White or navy blue socks, or skin tone hose may be worn.
- Black dress shoes.
- Plain navy blue or white sweater or sweatshirts are permitted.
- Clear nail polish only permitted in school.

Uniform must abide by our standards in modest fit. The uniform must be brought with you on the day of your young person's intake.

Attention:

- When determining the amount of clothes to bring, remember that students do laundry only once a week.
- All items brought on intake day, whether apparel or other items, will be presented for inspection to the respective dean of the dorms. Any unapproved items are sent home, or disposed of at the administration's discretion. Please understand our policies are strictly enforced during the entire time your young person is in the program.
- If clothing is unapproved on intake day, please be prepared to purchase approved clothing before leaving your young person.

Parent's Checklist

Please be sure to bring all of the following items completed prior to your intake interview. If, for any reason, the items noted in **bold** are not completed and available at the beginning of the intake appointment, we will reschedule to a later date. To avoid any chance of this happening, we have included a checklist for your convenience.

- Completed** application
- Original** guardianship/custody papers (where applicable)
- Certified** copy of birth certificate
- Signed** consent forms
Please have **Consent of Parent/Guardian** form signed and notarized before coming to your interview.
- Medical history/immunization form **signed by the physician.**
- 2 Copies of medical insurance cards (front & back).
- Copies of the last two years tax reporting paperwork for parents and or guardians.
- Any other medical or legal papers you feel would be of importance (e.g. probation, parole, criminal records, etc...)
- Proper clothing as per list.
- Remainder of the intake fee and expense account money (confirm with Intake Coordinator).

REMEMBER: Your interview does not guarantee admission into our program. Come prepared to take your child back home (bus arrangements, etc...) if not accepted.

PLEASE- do not bring your child's friend(s), boyfriends/girlfriends, past or present to accompany them on intake day. It has proven to be ***extremely*** detrimental to the intakes acceptance. Please call the intake department if you have any questions.

Previous Placement

Have you ever been in any other program, psych ward, rehab/detox, etc.? _____

If yes, please supply the following information:

1. Name of the facility: _____

Date of residence: start date _____ end date _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone _____

Director _____ Counselor _____

Reason for entrance: _____

2. Name of the facility: _____

Date of residence: start date _____ end date _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone _____

Director _____ Counselor _____

Reason for entrance: _____

If additional space is needed, please print and attach another form.

() I affirm the above information to be accurate.

Parent/Guardian Signature

Date

Previous Placement

Have you ever been in any other program, psych ward, rehab/detox, etc.? _____

If yes, please supply the following information:

1. Name of the facility: _____

Date of residence: start date _____ end date _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone _____

Director _____ Counselor _____

Reason for entrance: _____

2. Name of the facility: _____

Date of residence: start date _____ end date _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Phone _____

Director _____ Counselor _____

Reason for entrance: _____

If additional space is needed, please print and attach another form.

() I affirm the above information to be accurate.

Parent/Guardian Signature

Date