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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: _____ Birth date: ___/___/___ 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 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 he/she 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 their intake appointment. Speak to the Intake Coordinator for more information.**

Has the young person received any medical attention over the past year? If yes, please explain:

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: _____

Part III – Character Changes/Behaviors

Please place an "X" in the blank beside the characteristics you feel the young person display:

___ Changes in school attendance, discipline, and grades

___ Unusual flare-ups or outbreaks of temper

___ Poor physical appearance

- ___ Secretive behavior regarding drugs and possession
- ___ Signs of self-harm: Constantly wears long-sleeved shirts, excessive scars, etc.
- ___ Association with known drug users or trouble-makers
- ___ Borrows money from friends and fellow students
- ___ Steals money or items from school, stores, or home
- ___ Depressive/ Isolating behaviors: spending long hours alone or hiding in odd places
- ___ Dilated or constricted pupils or blood-shot eyes
- ___ Possession of pills/ medication
- ___ Huffing: use of aerosols or other items to get high
- ___ Listens to excessively loud rock/rap music
- ___ Tends to stay awake long into the night and sleeps late into the day
- ___ Spends an excessive amount of time with TV, computer or video games.
- ___ Has a learning disability
- ___ Has snuck out of the house at night or run away
- ___ Has been abusive to animals
- ___ Known involvement with pornography
- ___ Habitual use of alcohol
- ___ Habitual use of cigarettes or other tobacco products
- ___ Violent tendencies: often getting in fights at home or school
- ___ Destructive habits: tends to break things when they get mad
- ___ Signs of gang involvement

Other troubling behaviors/ habits: _____

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 parents 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: _____ Zip: _____ Phone: ____ - ____ - ____
Are you aware of any relatives or friends who might object to this placement? _____
List names and addresses of people who may object and interfere with this placement:

Is there a Pastor who knows this child? _____ Name: _____
Address: _____ City: _____
State/Prov: _____ Zip: _____ Phone :(____) ____ - ____
Name and address of last school the young person attended: _____

Name, address and occupation of another person who knows this child well:
Name: _____ Address: _____
City: _____ State/Prov: _____ Zip: _____ Phone :(____) ____ - ____
Occupation: _____

Please list the names, addresses, and phone numbers of anyone with whom you specifically **DO NOT** want your young person having contact with:

I want my child to call home _____
(A maximum of once a week- all calls will be made collect or with a calling card provided by parent or guardian).

To the best of my knowledge, all statements in this application are completely true.

Signature of Parent/Guardian

Date

Previous Placement

Has he/she 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 _____ Fax: _____

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.

(Signature)

(Date)

Medical History

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

Past diseases –If you have had 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): _____

Do you have a disability due to disease or accident? _____

Have you 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: _____ Date: _____

Signature of Physician: _____ Date: _____

Physicians Address: _____ 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.

() I am not presently on probation/parole.

Signature

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
State of New York, county of Yates, regarding _____.
Name of Parent/ Guardian
Name of Young Person

I/ We, the parent/guardian of the above named child, 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 No.4.
Initial here _____
- 6) I grant my child permission to travel to various Freedom Village, USA functions during my stay. I understand these activities may take my child 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 the legal guardian of the above named child and that I have the authority to sign this consent form and place my child into the program at Freedom Village.

Signature

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

Signature of Young Person _____
Signature of Father/ Guardian _____
Signature of Mother/ Guardian _____

SEAL

Signed before me on this date: ____ of _____, 20__

Signature of notary: _____

My commission expires: ____/____/____

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.

DRESS STANDARDS FOR YOUNG MEN

As you consider the following dress code, please remember that our goal is to promote a neat, conservative appearance without catering to any fads or trends of the day. Clothes need to fit properly, and not be too tight or too baggy. Clothes also need to look neat – no rips or tears, or fading and staining. Students can dress casually in the dormitories and, for the most part, around campus but will be expected to ‘dress up’ properly for school and off campus activities (church services, etc.).

All clothing will be inspected at intake day and unapproved clothing will be sent home or disposed of at the administration’s discretion. Likewise, any clothing obtained during a student’s stay (purchased on a visit, received in a package, etc.) is subject to inspection and approval. Any confiscated items become property of Freedom Village and will be returned or disposed of at the discretion of the administration.

1. Each young man must have a regulation haircut. Haircuts should be short and neat, with neither long bangs nor hair over the ears. Young men must be clean-shaven.
2. Young men are required to wear dress pants, dress shirts, tie and dress shoes to Sunday services. Some mid-week services require less casual, polo style shirts and khaki pants.
3. Young men are not allowed to wear necklaces, earrings, or bracelets. Any jewelry that is deemed ungodly or feminine is not allowed. Rings may be worn on the ring finger or little finger.
4. Plain white T-shirt or muscle shirts are allowed only inside the dormitory. Shirts need to fit properly and be full length – not cut off or tight fitting. Shirts should be appropriate – clean and not torn or ripped, and not displaying any ungodly or worldly pictures, emblems or logos.
5. Shirts must be tucked in when outside the dormitory.
6. Boys may wear proper fitting shorts during hot weather. Athletic gym/ basketball shorts may only be worn in the dormitory or during athletic play. Otherwise, neat looking khaki or jean shorts may be worn in the summer. Shorts must fit properly and be of proper length – nearly reaching the knee.
7. Sweat pants and wind/ track pants are only allowed in the dormitory or during athletic play. They are not allowed to be worn at other times.
8. Pants must fit properly and be worn properly – not sagging below the waist. Pants may not have pockets on the leg (cargo style pants) or big loops (carpenter style).
9. Jeans must be plain and conservative. They must fit properly – neither skinny jeans nor excessively baggy jeans are allowed. Jeans may not have extra pockets on the legs

nor large logos/ stitching running across the pockets or down the legs. They must be a solid color and not have any excessive fading or design – PLAIN and CONSERVATIVE.

10. Clothing produced by ungodly/ worldly companies are not approved, including clothing associated with any music or drug culture. Some of the brands we do not allow are Fubu, Billabong, JNCO, Sean John, Rocawear, and Abercrombie. All brands are subject to review and approval.

11. All military style, camouflage or punk/grunge style garments prohibited.

12. A belt must be worn with all pants and shorts that have belt loops on them.

13. Only boxer style swim suits are allowed.

14. THE ADMINISTRATION RESERVES THE RIGHT TO DEEM ANY CLOTHING UNACCEPTABLE EVEN THOUGH IT MAY NOT BE SPECIFICALLY MENTIONED ABOVE.

15. SCHOOL UNIFORMS ARE REQUIRED IN THE LEARNING CENTERS. PLEASE MAKE SURE ALL NEEDED ARTICLES ARE BROUGHT WITH YOU ON THE DAY OF YOUR YOUNG PERSONS APPOINTMENT. THE UNIFORM CONSISTS OF:

Plain white shirts (short and long sleeve are needed)

Navy blue dress pants

Navy blue or black dress socks

Black dress shoes

Conservative ties

Students are responsible for keeping their clothes neat and in good repair. Under normal circumstances, students do their laundry one time a week and need an appropriate amount of clothing to last for a week.

Please contact the intake department with any questions about the clothing guidelines.

DRESS STANDARDS FOR YOUNG LADIES

1. Sunday 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.
2. Wednesday services young ladies may wear dress pants or khaki's as an alternative to dresses or skirts.
3. All pants (dress slacks, khakis, or jeans) must be of plain style only. No fading, tears, designs down legs or designs on 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.**
4. 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.
5. Tops with ungodly slogans, emblems, advertising ungodly products or places will not be permitted.
6. 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.
7. All military, or camouflage style clothing is prohibited.
8. Longer underwear is permitted during the winter months as long as it does not show.
9. Girls may wear sweat suits/jogging pants when participating in on-property sports activities. Otherwise they may only be worn in the dorm.
10. Modest **one-piece** bathing suits only are permitted
11. 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:

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

Makeup Rules:

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

School Uniform:

1. White, collared, button down blouses (long and short sleeved). minimum requirement-4
2. Navy blue skirts to the knee or longer. minimum requirement-2
3. White or navy blue socks, or skin tone hose may be worn.
4. Black dress shoes.
5. Plain navy blue or white sweater or sweatshirts are permitted.
6. 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:

1. When determining the amount of clothes to bring, remember that students do laundry only once a week.
2. 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.
3. If clothing is unapproved on intake day, please be prepared to purchase approved clothing before leaving your young person.

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
- Certified** copy of birth certificate
- Signed** consent forms
Please have **Consent** 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).
- 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.

PLEASE- do not bring your 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.