School of New Beginnings
Application for Enrollment

Do you want to become permanently free from addictions?
Do you want to get healing from past traumas and hurts?
Do you want to restore broken relationships?
Do you want to get reconnected with God and find out His dreams for your life?
Do you want to leave the past behind and move forward to an awesome and exciting future?

If your answer to any of the above questions is “Yes,” then we’d love to invite you to the School of New Beginnings. My wife and I have been serving as missionaries together with Youth With A Mission (YWAM) for about nine years. After doing missions overseas for some time, we returned as missionaries to America to reach out to a broken generation. We felt burdened with vision to start a specialized training school called the School of New Beginnings which is a 6-month school designed for those who are struggling with addictions or wounds from a broken past.

The aim of this school is address the roots of addictions such as depression, anxiety, past traumas, broken relationships, rejection, abandonment, etc. as well as practical tools in overcoming addictions. Students have the opportunity to restore their relationship with God where they can receive healing and restoration from the roots of their addictions. Of all the students that have come through the program, 73% of them are maintaining their sobriety. This success rate includes those that have quit the program before graduating. There is currently a 100% success rate for those who have completed the full program. Many of the students have changed so much while they were here that they decided to expand their new-found freedom to others by becoming full-time missionaries.

We’ve been running the School of New Beginnings for five years now and greatly enjoy working with the students. In a typical day, the students wake up to morning devotionals and worship followed by morning class. In the afternoon they have work time/vocational training where they can learn carpentry skills, gardening, etc. In the evening, they attend Celebrate Recovery (a Christian-based form of AA or NA) or other activities such as going to workout or having small group. The students also receive quality counseling each week.

Course Curriculum
The class content covers topics such as:
- Does God Exist?
- Is the Bible true?
- Dealing with Conflict
- What is God like?
- Developing Friendship with God
- Getting free from hurts, unforgiveness and past traumas
- Getting free from anger, rejection, abandonment, anxiety, depression, and addictions
- Discovering God’s plan for your life (Personality profile and spiritual giftings)
- Life skills: managing finances, fitness, healthy eating, leadership training
- Prayer, Worship, Studying the Bible, tools in effectively ministering to others
Daily Schedule

Weekdays:
8:00am – 8:30am Morning Chore
8:30am – 9:00am Breakfast
9:00am – 9:30am Devotionals
9:30am – 10:00am Worship
10:00am – 12:15pm School of New Beginnings class
12:15pm – 1:15pm Lunch
1:15pm – 1:45pm Lunch Cleanup / Study Time
1:45pm – 4:45pm Work
5:00pm – 5:30 pm Dinner & Cleanup
6:00pm – 8:00pm Celebrate Recovery, Small group, Workout, or other fun activity
10:00pm Curfew
11:00pm Lights Out (1:00am Friday & Saturday only)

Saturdays
Fun day

Sundays
8:30am – 9:00am Breakfast
9:00am – 12:30pm Church
12:30pm – 1:30pm Lunch
4:30pm – 5:30pm Dinner
5:30pm – 8:00pm YWAM Family Night
10:00pm Curfew
11:00pm Lights Out

Work duties may include meal prep, cleaning buildings, woodworking, building construction, or grounds maintenance.

Tuition
The cost for enrollment in School of New Beginnings is $500/month. Checks can be made payable to Sacred Refuge Ministries and mailed to:

Sacred Refuge Ministries
4301 FM 773
Canton, TX 75103

Completing the Application
In order to complete the application, we must receive the following and have them sent to Christian & Emily Punches, School of New Beginnings, 4301 FM 773, Canton, TX 75103:

1. Completed School of New Beginnings application form
2. One recent photo (wallet size)
3. Confidential Health Form. A physician must sign this form.
4. Consent for Treatment/Liability Release (each applicant must sign this; if the applicant is under 18 years of age, a parent or legal guardian must also sign) and Legal Consent for Minors for applicants under 18 years of age (a parent or legal guardian must sign this). Photo/Testimony Release Form.
5. Three Reference Forms. Please fill out the top of each reference form. Give one to your pastor/minister or spiritual leader, one to a teacher or employer, and one to a mature Christian friend or family member. Provide each person with a stamped envelope addressed to: Christian and Emily Punches, 4301 FM 773, Canton, TX 75103
School of New Beginnings
Application for Enrollment

Section A: Personal Information
(Please print or type)

Name __________________________________________ Phone (          )_________________

Last          First     Middle

Present Address _______________________________________________________________________

Street   City  State/Province   Zip               Country

Email _____________________________   Sex (M/F) _______  Date of Birth _______________________

Marital Status: ☐ Single   ☐ Engaged   ☐ Married   ☐ Separated   ☐ Divorced

Emergency Contact __________________________________________

Name      Relationship      Phone #

Address __________________________________________

Street   City  State/Province   Zip               Country

Are you a Christian or are you open to learning about God? __________________________________ 

Please list any crimes you’ve been convicted of that you have not gone to jail or prison for and the dates of conviction:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have any warrants out for your arrest? If so, what are they for and for what city or county.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Are you currently on probation or parole? □ Yes □ No    If so, please complete the following:

Offense ____________________________________________________________

Date of completion of probation or parole______________________________

Do you have to appear in court during this school? □ Yes □ No

If so, what are the dates of appearance and locations____________________

Have you been to jail or prison? □ Yes □ No   If so, please complete the following:

1. Offense ___________________________________ Jail or Prison Unit __________
   Start Date ___________  End Date ___________

2. Offense ___________________________________ Jail or Prison Unit __________
   Start Date ___________  End Date ___________

3. Offense ___________________________________ Jail or Prison Unit __________
   Start Date ___________  End Date ___________

4. Offense ___________________________________ Jail or Prison Unit __________
   Start Date ___________  End Date ___________

Have you been to a rehabilitation center before? □ Yes □ No   If so, please complete the following:

1. Reason _______________________________ Name of Rehab __________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date ___________  End Date ___________

2. Reason _______________________________ Name of Rehab __________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date ___________  End Date ___________

3. Reason _______________________________ Name of Rehab __________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date ___________  End Date ___________
Have you ever been diagnosed with a mental condition in which you have had to receive medication (e.g. bipolar disorder, anxiety disorder, clinical depression, seizures, ADHD, etc.)? □ Yes □ No
If so, please complete the following:

1. Mental condition___________________________ Medication prescribed__________________
   Date of diagnosis ________________ Date you stopped taking medication (if you still take medication just write “still taking”) ________________

2. Mental condition___________________________ Medication prescribed__________________
   Date of diagnosis ________________ Date you stopped taking medication ________________

3. Mental condition___________________________ Medication prescribed__________________
   Date of diagnosis ________________ Date you stopped taking medication ________________

Have you been to a mental institution? □ Yes □ No
If so, please complete the following:

1. Reason ____________________________ Name of Institution___________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date _______________ End Date ______________

2. Reason ____________________________ Name of Institution___________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date _______________ End Date ______________

3. Reason ____________________________ Name of Institution___________________________
   Address ___________________________________________ Phone # (        ) ______________
   Start Date _______________ End Date ______________

Have you used or sold drugs (this includes alcohol & pills)? □ Yes □ No
If so, please complete the following:

1. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________

2. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________

3. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________

4. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________

5. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________

6. Drug ___________________ □ Used □ Sold Start date ___________ End date ____________
Section B: Church information
Home Church _________________________________ How long have you attended? ________________
Church address _______________________________ Church denomination __________________
Pastor’s Name ________________________________ Church Phone (          ) ________________

Section C: Education/Employment/Skills
Highest level of education completed _____________________________________________________
Colleges or Universities attended ________________________________________________________
What languages do you speak? (most fluent to least) 1. __________________ 2. _________________
3. __________________ 4. __________________ 5. __________________
Military Service? □ Yes □ No (specify) ________________________________________________
Present Employer _________________________________ Occupation _________________________
Other Occupational Skills ___________________________ Years Experience ___________________
Musical Abilities/Other Talents _________________________________________________________
What are your plans after you complete this training?
□ Missions/Ministry Training □ Further Education □ Back to Job
□ Construction □ Uncertain □ Other _______________________

Section D: Financial Information
Do have the means to supply the $500/mo tuition cost? □ Yes □ No
If not, do you know anyone who might be able to sponsor you this amount per month? □ Yes □ No
If so, who might be able to sponsor you? ______________________________________________
Do you owe probation fees? □ Yes □ No If so, how much do you owe per month $__________
    What is the total amount you owe for probation $____________
Do you have to pay child support? □ Yes □ No If so, how much do you owe per month? $_______
    Are you behind in your child support? □ Yes □ No If so, how much do you owe total $_______
Do you have any outstanding debts? □ Yes □ No   If so, how do you owe per month? $___________

How much is your total debt? $__________

If your answer was “yes” to any of the above, how do you plan to make these monthly payments while you attend this school? _______________________________________________________________
__________________________________________________________________________________

Section E: Supplemental Questions

Please concisely and honestly answer the following questions on a separate piece of paper. Please print or type.

1. If someone walked up to you and asked you, “Is there a God?” what would you say?

2. Describe any experiences you’ve had with God.

3. Describe any experiences (good or bad) you’ve had with church or other Christians.

4. How would you describe your relationship with your family? Include how they feel about your plans to attend School of New Beginnings. Please relate pertinent details of any past marriages or present marital separation.

5. Are you presently employed or in school? Please specify.

6. How did you hear about the School of New Beginnings and what are your goals in coming here?

7. Describe your long-term goals.

8. Have you ever been involved in occultic activities (e.g. witchcraft, tarot cards, psychics, etc.), homosexual practices, cutting, or have you ever suffered from an eating disorder? Please explain.

9. Is there anyone you are fleeing from (e.g. a gang, an abusive person, etc.)? Please specify.

10. Do you have a place to go if you leave this program? Please specify.

11. Please list any special circumstances or situations we should know about.

12. Please list the names, addresses, and phone numbers of your three references.
Section F: School of New Beginnings Covenant

1. I agree to being open and honest with how I am doing and to quickly communicate any problems to Christian and/or Emily because they care about me a ton and want to see me get better from anything that’s keeping me down. I commit to not gossiping to others about relational issues or conflicts, but to instead process these conversations with staff or Christian or Emily who will help me process these issues constructively.

2. I understand that drug and alcohol use is strictly prohibited while I am enrolled in the program, and I agree to abstain from any form of drug and alcohol use during this time. This includes anything that contains alcohol such as mouthwash, rubbing alcohol, etc. I understand that drug tests and room inspections will be done randomly.

3. I understand that prescription drugs must be in the originally prescribed container. All other pills will be confiscated and disposed of. The staff will maintain possession of the prescription drugs and will make certain that proper dosages are taken at the prescribed times. Follow-up appointments will be made with a local physician to ensure prescriptions remain current.

4. I commit to staying with the program for at least 6 months regardless of how difficult it is. I agree that the directors have the right at any time to dismiss me from and terminate my residency in the program if they believe it is in my best interest and/or the best interest of others in this program.

5. I understand that if I do any activities off the premises, there must be an accompanying leader of School of New Beginnings present.

6. I understand that tuition payments are due the first of each month and all tuition payments or donations to Sacred Refuge Ministries are non-refundable.

7. Students bringing or receiving personal (non-tuition) finances must submit them to the staff who will hold them in a locked safe in an envelope designated for each student. Students will have access to their money on outings.

8. I agree to abide by the no-smoking policy while I am enrolled in the program. However, e-cigarettes are allowed, but they must be paid for by the students’ personal finances. E-cigarettes must not be smoked in front of children, during class, or on certain public outings.

9. I understand that television, videos, DVD’s, video games, laptops, and the internet are prohibited while I am enrolled in the program, so I agree to abstain from them during this time for the purpose of accelerating the things God wants to do in my life. (Exceptions are made for some DVD’s upon request).

10. I understand that personal cell phones are not permitted in the program in order to minimize distractions from growth and to maintain accountability. However, a community phone is available for 30 minutes/day at specified times.

11. I agree to not date anyone in the program.

12. I agree to the “no touching rule” as it applies to the opposite sex and to not spend time alone with someone of the opposite sex for the purpose of staying focused on God and accelerating the process of my personal restoration. If I need to be in a room (e.g. laundry room) with the opposite gender, the door needs to remain open.

13. I agree to not play non-Christian music. I understand that an MP3 player with non-Christian music will be taken and stored until I exit the program at which time it will be returned to me.

14. I agree to honor the daily schedule by participating in and being on time to work, meals, classes, and other activities. The only time I may be excused is if I am very sick.

15. I understand that I am to be present at all meals, and if I do not like the food, I am allowed to make peanut butter & jelly as the only alternative.

16. I agree to abide by all the dorm rules such as cleaning, making beds, dorm devotionals etc.

17. I agree to work consistently during working hours.

18. I agree to do journal assignments or any reading that may be required for the School of New Beginnings.

19. I agree to be respectful to God and others with my words and actions.

20. School of New Beginnings is a program designed for those who are serious about growing with God and making changes in their lives that He leads them to. I understand that if I do not comply with the guidelines above that consequences will be given such as an extra work duty or missing out on a fun outing, etc (e.g. if I bring cigarettes after a family outing, I will lose my privilege to leave the property without a staff member). If it becomes clear that I’m consistently not willing to comply with the guidelines, then the directors will discuss other options where I can be more successful in my recovery such as exploring alternative programs.

By signing below, I voluntarily consent to the above-described guidelines for the School of New Beginnings Program.

________________________________   _________________
Signature of Student                      Date
I certify that all information in this application is complete and accurate. If accepted by School of New Beginnings, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are School of New Beginnings property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with School of New Beginnings/Sacred Refuge Ministries, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at School of New Beginnings. I therefore commit myself to paying all personal expenses incurred during my involvement with School of New Beginnings.

________________________________   _________________
Signature of Student                      Date
CONFIDENTIAL HEALTH FORM

Name _______________________________________________________________________________________________

In an emergency, contact _____________________________________________________________________________ Phone (         ) ___________________

Medical Insurance Co. _________________________________________________________________________________

Insurance # _________________________________________ Medical Insurance Co. Phone (         ) __________________

**Personal History**
Please answer all questions. Explain any “Yes” answers in the space below.

Have you ever had, or do you have any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin conditions</td>
<td></td>
<td></td>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td>Stomach/duodenal ulcer</td>
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<tr>
<td>Eye trouble</td>
<td></td>
<td></td>
<td>Asthma, hay fever</td>
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<td></td>
<td>Gall bladder problems</td>
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<tr>
<td>Ear trouble</td>
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<td>Heart trouble</td>
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<td></td>
<td>Jaundice</td>
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<tr>
<td>Head injury</td>
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<td></td>
<td>High blood pressure</td>
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<td></td>
<td>Hepatitis</td>
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<tr>
<td>Recurrent headaches</td>
<td></td>
<td></td>
<td>Low blood pressure</td>
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<td>Intestinal troubles</td>
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<tr>
<td>Epilepsy</td>
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<td>Rheumatism/arthritis</td>
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<td>Recurrent diarrhea</td>
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<td>Fainting spells</td>
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<td>Back problems</td>
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<td></td>
<td>Diabetes</td>
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<tr>
<td>Mental/nervous disorders</td>
<td></td>
<td></td>
<td>Dislocation of joints</td>
<td></td>
<td></td>
<td>Kidney disease</td>
<td></td>
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<tr>
<td>Weakness</td>
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<td>Broken bones</td>
<td></td>
<td></td>
<td>Anemia</td>
<td></td>
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<tr>
<td>Paralysis</td>
<td></td>
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<td>Eating disorders</td>
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<td>Venereal disease</td>
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<tr>
<td>Insomnia</td>
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<td>Anorexia nervosa</td>
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<td></td>
<td>Tumor/cancer</td>
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<td>Allergies</td>
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<td>Bulimia</td>
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<td>FEMALES ONLY</td>
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<tr>
<td>Penicillin</td>
<td></td>
<td></td>
<td>Surgery</td>
<td></td>
<td></td>
<td>Irregular periods</td>
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<tr>
<td>Sulfonamides</td>
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<td>Appendectomy</td>
<td></td>
<td></td>
<td>Severe cramps</td>
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<tr>
<td>Serum</td>
<td></td>
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<td>Hernia repair</td>
<td></td>
<td></td>
<td>Excessive flow</td>
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<tr>
<td>Other (specify below)</td>
<td></td>
<td></td>
<td>Tonsillectomy</td>
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<td></td>
<td>Are you pregnant?</td>
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<tr>
<td>Food (specify below)</td>
<td></td>
<td></td>
<td>Other (specify below)</td>
<td></td>
<td></td>
<td>Previous pregnancies</td>
<td></td>
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</tbody>
</table>

Other/Explain ____________________________________________________________

Are you now under doctor’s care for any condition? □ Yes □ No (specify) ____________________________

Are you taking medication at this time? □ Yes □ No (specify) ________________________________

Do you have any physical handicaps or health conditions which require special attention? □ Yes □ No (specify) _________

Do you have a history of receiving counseling or psychiatric treatment? □ Yes □ No (specify) ____________________________

Height _______________  Weight ________________  Blood Type _______________

Would you rate your health condition as: □ Excellent  □ Good  □ Fair  □ Poor
### Family History

Have any of your relatives ever had any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Relationship</th>
<th>Yes</th>
<th>No</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td></td>
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<tr>
<td>Arthritis</td>
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<td>Diabetes</td>
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<td>Stomach problems</td>
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<td>Kidney disease</td>
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<td>Asthma, hay fever</td>
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<td>Heart disease</td>
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<td>Convulsions, epilepsy</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Cancer</td>
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</table>

Have you ever had any of the following Communicable Diseases?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
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<tr>
<td>Pertussis</td>
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<tr>
<td>Measles (Rubella)</td>
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<td>Scarlet Fever</td>
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<tr>
<td>Measles (Rubeola)</td>
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<td>Tuberculosis</td>
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<tr>
<td>Mumps</td>
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<td></td>
<td>Other (specify)</td>
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</table>

### To the Physician

**Name of Applicant**

The above-named person has applied for the School of New Beginnings. This program requires good health and endurance. Please review the “Personal History” information on the opposite side, fill out the portion below, and make any additional comments.

Blood Pressure ______________________________ PULSE ______________________________

Are there any abnormalities of the following systems?

<table>
<thead>
<tr>
<th>System</th>
<th>Yes</th>
<th>No</th>
<th>Please describe</th>
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</thead>
<tbody>
<tr>
<td>Ears, nose, throat</td>
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<tr>
<td>Eyes</td>
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<tr>
<td>Neurological</td>
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<td>Cardiovascular</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Musculoskeletal</td>
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</table>

Would he/she be able to walk 3-4 miles per day?  

YES  NO

Comments _____________________________________________________________________________________________

**Physician Recommendation**  

☐ Acceptable  ☐ Not Acceptable  ☐ Should remain in areas with adequate medical care

☐ Acceptable with limitations (specify) _________________________________________________________________

Physician’s Signature _____________________________________________ Date ____________________________

Physician’s Name (printed) _____________________________________________

Full Address __________________________________________________________________________________________
**Consent for Treatment**
I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

___________________________________________  ____________________________________________
Applicant’s Signature     Parent/Guardian Signature (for applicants under 18)

___________________________________________  ____________________________________________
Date       Date   Relationship to applicant

**Liability Release**
I/we hereby release School of New Beginnings/Sacred Refuge Ministries, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with School of New Beginnings. I/we agree to resolve any and all disputes with School of New Beginnings, School of New Beginnings Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

___________________________________________  ____________________________________________
Applicant’s Signature     Parent/Guardian Signature (for applicants under 18)

___________________________________________  ____________________________________________
Date       Date   Relationship to applicant

**Photo/Testimony Release Form**
**Applicant’s Full Name**
(Please print or type)

Name __________________________________________________ Phone (          )_________________

Last          First     Middle

Present Address _______________________________________________________________________

Street   City  State/Province   Zip               Country

I, the above mentioned applicant, being allowed to participate in any way in the School of New Beginnings program, related events, and activities, agree that my likeness may be photographed or videotaped and that such images may be published in an outlet used to promote the program. In addition, I agree that any testimonies regarding my experiences during the training program (excluding anything shared in confidence) may be used for the same purpose.

___________________________________________  ____________________________________________
Applicant’s Signature     Parent/Guardian Signature (for applicants under 18)

___________________________________________  ____________________________________________
Date       Date   Relationship to applicant
To the Applicant

This evaluation is confidential and will not be shown to you. Give this form to the person filing the reference along with a stamped envelope addressed to: Attn: Christian & Emily Punches, School of New Beginnings, 4301 FM 773, Canton, TX 75103.

Name of Applicant _____________________________ Phone ( ___ ) ______________
Address ___________________________________________ City _____________________ State ______ Zip ___________

To the Person Filling out this Form

The above applicant had applied for participation in the School of New Beginnings program in Canton, TX. School of New Beginnings is a Christ-centered discipleship and recovery program for people seeking freedom from addictions and restoration from a troubled past. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant?  □ Employer  □ Teacher  □ Pastor  □ Friend  □ Past YWAM leader  □ Other__________________
How well do you know the applicant?  □ Very well  □ Well  □ Casually
How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

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Comments _____________________________________________________________________________________________
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Mental ability  □ Quick to comprehend  □ Average  □ Slow
Industry  □ Hard worker  □ Average  □ Lacks persistence
Reliability  □ Meets obligations  □ Average  □ Neglects obligations
Teamwork  □ Works well with others  □ Average  □ Often causes friction
Flexibility  □ Open to change  □ Average  □ Unyielding
Christian character  □ Well-balanced  □ Average  □ Unstable
Disposition  □ Cheerful  □ Average  □ Passive
Punctuality  □ Punctual  □ Average  □ Often late
Financial responsibility  □ Honors obligations  □ Average  □ Neglectful
1. Which of the following would best describe the applicant’s Christian experience?

☐ Genuine and growing  ☐ Over-emotional  ☐ Superficial  ☐ Running from God  ☐ Closed to God

Comments _______________________________________________________________________________________

2. What do you consider to be the applicant’s strong points (include special abilities)?____________________________

____________________________________________________________________________________________________

3. What are the applicant’s weaknesses?  __________________________________________________________________

_____________________________________________________________________________________________________

4. What do you feel are the applicant’s motives in applying to this program?

☐ Genuine desire to change  ☐ Overcome addiction  ☐ Healing from past traumas  ☐ Need shelter
☐ Alternative to jail  ☐ Running from the law  ☐ Safety from an abusive person  ☐ Running from danger
☐ Desire to get closer to God

5. Please comment on the applicant’s family background. ______________________________________________________

____________________________________________________________________________________________________

_____________________________________________________________________________________________________

6. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, pedophile, occultic practices, etc.).

____________________________________________________________________________________________________

____________________________________________________________________________________________________

7. How is the applicant around children?  ☐ Is great with children  ☐ OK with children  ☐ Indifferent with children
☐ Not a good influence  ☐ Untrustworthy  ☐ Unsafe

8. What could School of New Beginnings do to aid in the applicant’s personal development? _________________________

____________________________________________________________________________________________________

9. (Pastors only) Is your congregation/group standing behind the applicant with emotional support and prayer? ___________

____________________________________________________________________________________________________

10. Would you recommend the applicant for acceptance to the School of New Beginnings program?

☐ Yes  ☐ With some reservations (Explain)  ☐ No (Explain) ____________________________________________________

Signature ______________________________________________________________ Date _____________________

Name (please print) __________________________________________________________ Phone (          ) _____________

Address ________________________________________________________________ State _______  Zip ___________
CONFIDENTIAL REFERENCE

To the Applicant
This evaluation is confidential and will not be shown to you. Give this form to the person filing the reference along with a stamped envelope addressed to: Attn: Christian & Emily Punches, School of New Beginnings, 4301 FM 773, Canton, TX 75103.

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Address ___________________________________________ City _____________________ State _____ Zip ___________

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What is your relationship to the applicant? □ Employer □ Teacher □ Pastor □ Friend □ Past YWAM leader □ Other____________________
How well do you know the applicant? □ Very well □ Well □ Casually
How long have you known the applicant? _____ years _____ months

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Comments _____________________________________________________________________________________________
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Mental ability □ Quick to comprehend □ Average □ Slow □ Lacks persistence □ Well-balanced □ Average □ Unyielding
Industry □ Hard worker □ Average □ Neglects obligations □ Unstable
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Comments _____________________________________________________________________________________________
11. Which of the following would best describe the applicant’s Christian experience?

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Comments

12. What do you consider to be the applicant’s strong points (include special abilities)?

____________________________________________________________________________________

13. What are the applicant’s weaknesses?

____________________________________________________________________________________

14. What do you feel are the applicant’s motives in applying to this program?

☐ Genuine desire to change  ☐ Overcome addiction  ☐ Healing from past traumas  ☐ Need shelter
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15. Please comment on the applicant’s family background.

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16. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, pedophile, occultic practices, etc.).

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17. How is the applicant around children?

☐ Is great with children  ☐ OK with children  ☐ Indifferent with children
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18. What could School of New Beginnings do to aid in the applicant’s personal development?

____________________________________________________________________________________

19. (Pastors only) Is your congregation/group standing behind the applicant with emotional support and prayer?

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20. Would you recommend the applicant for acceptance to the School of New Beginnings program?

☐ Yes  ☐ With some reservations (Explain)  ☐ No (Explain)

____________________________________________________________________________________

Signature ___________________________ Date ________________

Name (please print) ___________________________ Phone (___ ) __________

Address ______________________________________ State _______ Zip _______
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____________________________________________________________________________________

Signature __________________________________________________________ Date ___________________
Name (please print) __________________________________________ Phone (   ) ___________
Address __________________________________________ State _______ Zip ___________