

**New Life**  
**Christian Recovery Program**  
 317 N. Main St  
 Enterprise, AL 36330  
 Phone: (334) 393-5641 Fax: (334) 475-3863  
 Email: [newlife@christmissions.org](mailto:newlife@christmissions.org)



**APPLICATION – INCOMPLETE APPS WILL BE RETURNED**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License/ID State and Number: \_\_\_\_\_

Phone number where we may contact you: \_\_\_\_\_ ☐ You cannot contact me by phone

**Home Address (Required):** ☐ You may not contact me by mail

\_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

Can you read and write? ☐ Yes ☐ No

Drug of Choice: \_\_\_\_\_

Current/Pending Charges: ☐ None

☐ Currently in jail/prison (Unless otherwise stated, we will use this address to correspond with you.)

Facility Name: \_\_\_\_\_

Your ID Number (If applicable): \_\_\_\_\_

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

\_\_\_\_\_

ALL Previous Convictions: ☐ None

Are you court ordered to treatment? ☐ Yes ☐ No

(if yes, we will need your court orders)

Do you have any past convictions or current charges related to the following?

Violent Crimes? ☐ Yes ☐ No

Child Abuse? ☐ Yes ☐ No

Weapons Charges? ☐ Yes ☐ No

Sexual Offender/Crimes? ☐ Yes ☐ No

Do you have any outstanding warrants?

☐ Yes ☐ No

May we consult with your ☐ Attorney ☐ Probation Officer ☐ Parole Officer or ☐ CRO regarding your admission? ☐ Yes ☐ No

Probation, Parole, or CRO Officer Name	Address	Phone Number
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Attorney's Name	Address	Phone Number
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Is there anyone else you would like us to release information to?

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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List any mental/health problems/disabilities: ☐ None \_\_\_\_\_

List any medications you are taking: ☐ None \_\_\_\_\_

By signing below I authorize New Life to contact my Attorney, Probation Officer, or contact person regarding my charges. I also authorize New Life to release information provided by me to my Attorney, Probation Officer, or contact person listed on this form. This information will only be used for determining of my eligibility for acceptance or continued participation in the New Life Christian Recovery Program. I also grant permission to New Life to contact other agencies to obtain information pertinent to my recovery, including medical/mental health records, or other information.

Print Applicant Name	Applicant Signature	Date
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**If we have not already received one, please include with your Application a letter, hand-written by you, telling us about your problem with addiction and how we can help.**