

John 3:17 Ministry  
2945 Jackson 120  
Newport, AR 72112  
Direct Line 870-217-5603

Jim Woodell, Director  
Mobile 501-658-1644  
FAX 870-523-2786

Thank you for expressing interest in the John 3:17 discipleship program.

Our program is a 12-month, residential, discipleship program for adult women who are in bondage to behavior that has taken control over their lives. Our goal is to provide a safe and secure, Christ-centered environment for our residents, to assist them in the process of gaining freedom from the chains of addiction, abuse, obesity, and mental health issues that lead to hopelessness.

It is essential that incoming students are willing to live in right relationship with staff, volunteers, and fellow students. We can only assist residents who have come to the point in their lives where they are ready for life change through Christ's power and truth!

We help women find complete healing in all areas of their life: mental, physical, and spiritual. The residents are not allowed nicotine. Caffeine and sugar will be limited in order to learn a healthy eating plan during their year in our program. All applying applicants must want help for themselves in order to achieve success in this ministry.

Attached is your application packet used to help us evaluate your appropriateness for our program. Completed applications can be mailed to the address above or faxed to 870-523-2786. Please call and let us know that you have faxed the application once you have done so.

Please answer the questions on your application as specific as possible. Be HONEST!

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

\*If you have a Probation or Parole Officer-Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

What is your life-controlling issue(s) \_\_\_\_\_

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

How do you believe John 3:17 can help you and what are YOU willing to do? \_\_\_\_\_

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

Have you been diagnosed with any Psychiatric or Mental disorders? \_\_\_\_\_

If so, what was the diagnosis and when \_\_\_\_\_

Describe your mental health \_\_\_\_\_

Are you currently taking medication prescribed by a doctor? If yes, please list medications, diagnosis, and how long you have been taking each medication \_\_\_\_\_

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

If you are accepted into our program, how will you pay for your medications? \_\_\_\_\_

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Do you have any physical disabilities that would prevent you from daily exercise or physical work? \_\_\_\_\_

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Have you been involved in any violence? Please describe \_\_\_\_\_

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Have you ever struggled with homosexuality? \_\_\_\_\_

Please give information about pregnancy or children \_\_\_\_\_

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What is your spiritual background and or your view of God? \_\_\_\_\_

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Are you homeless at this time? \_\_\_\_\_

**Please sign below verifying that all information on this application is true!**

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