



John 3:17 Ministry
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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 or emailed to the addresses above or faxed to 877-839- 5246.

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

Signature _____

Date _____

John 3:17 Ministry Resident Application

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? _____

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

Have you been involved in any violence? Please describe _____

Have you ever struggled with homosexuality? _____

Please give information about pregnancy or children _____

What is your spiritual background and or your view of God? _____

Are you homeless at this time? _____

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

Signature _____ Date _____