

**STUDENT INTAKE PACKET**

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This information was received, accepted and reviewed by:

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name Date

Student Intake Cover Sheet



# Teen Challenge Monterey Bay



## Student Application

### Student Information

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender:  Male  Female Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SSN: \_\_\_\_\_  
Driver's License \_\_\_\_\_ Referral Name \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Miscellaneous

What are your hobbies; interests: \_\_\_\_\_

### Addiction Information

- Chemicals:**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alcohol            | <input type="checkbox"/> Nicotine/Tobacco        | <input type="checkbox"/> Pornography           |
| <input type="checkbox"/> Barbiturates       | <input type="checkbox"/> Prescription/OTC Pills  | <input type="checkbox"/> Same-Sex attraction   |
| <input type="checkbox"/> LSD                | <input type="checkbox"/> Inhalants               | <input type="checkbox"/> Anorexia              |
| <input type="checkbox"/> Marijuana          | <input type="checkbox"/> <b>Other</b>            | <input type="checkbox"/> Gambling              |
| <input type="checkbox"/> Methamphetamine    | <input type="checkbox"/> Abusing Others          | <input type="checkbox"/> Abusing Self          |
| <input type="checkbox"/> Steroids, Anabolic | <input type="checkbox"/> Bulimia                 | <input type="checkbox"/> Internet/social media |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Workaholic              | <input type="checkbox"/> Over Eating           |
| <input type="checkbox"/> Cocaine            | <input type="checkbox"/> Video Games/Electronics | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Heroin             | <input type="checkbox"/> Stealing                |  |
|   | <input type="checkbox"/> Sex                     |  |

What is the main problem in your life?

What are your greatest needs, in order of priority?

Why do you want to be admitted?

What do you hope to gain from this program?

How many other programs have you attended?

Details: \_\_\_\_\_

**Family**

Father: \_\_\_\_\_  Birth  Adoptive  Step-father

Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_  Birth  Adoptive  Step-mother

Address : \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Siblings Names and Relationship: \_\_\_\_\_

Spouse: \_\_\_\_\_  Married  Divorced  Separated

Address : \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Children (or dependent's) Name(s) and age(s):

Describe your relationship(s):

**Health**

General Health:  Excellent  Good  Fair  Poor

Do you have any communicable diseases:  Yes  No If Yes, provide details:

Are you presently receiving medical care:  Yes  No If Yes, provide details:

Are you on prescribed medication:  Yes  No If Yes, provide details:

Do you have any restrictions:  Dietary  Physical  Allergic  Other If Yes, provide details:

Have you ever:  Considered Suicide  Attempted Suicide If yes, most recent date:,

Have you ever received mental health treatment:  Yes  No If Yes, provide details:

Additional Notes or Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military**

Have you ever served in any branch of the military?  Yes  No

Type of Discharge:  Honorable  Entry-level Separation  General  Bad Conduct  Dishonorable  
 Other than honorable  Other

**Legal**

**Misdemeanors**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Assault/Battery         | <input type="checkbox"/> Soliciting/Prostitution          | <input type="checkbox"/> Lewd conduct               |
| <input type="checkbox"/> Criminal Mischief       | <input type="checkbox"/> Trespassing                      | <input type="checkbox"/> Practicing without license |
| <input type="checkbox"/> Disorderly Conduct      | <input type="checkbox"/> Other misdemeanor felonies       | <input type="checkbox"/> Probation violation        |
| <input type="checkbox"/> Disorderly Intoxication | <input type="checkbox"/> Aggravated battery/assault       | <input type="checkbox"/> Resisting with violence    |
| <input type="checkbox"/> False Crime Report      | <input type="checkbox"/> Battery on an officer            | <input type="checkbox"/> Robbery offense            |
| <input type="checkbox"/> Indecent Exposure       | <input type="checkbox"/> Burglary                         | <input type="checkbox"/> Sexual Conviction          |
| <input type="checkbox"/> Loitering/Prowling      | <input type="checkbox"/> Child Abuse/neglect              | <input type="checkbox"/> Tampering                  |
| <input type="checkbox"/> Obstructing Justice     | <input type="checkbox"/> False imprisonment or kidnapping | <input type="checkbox"/> Weapon Offenses            |
| <input type="checkbox"/> Petty Theft             | <input type="checkbox"/> Forgery                          | <input type="checkbox"/> Other Felony               |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Grand Theft                      |   |
| <input type="checkbox"/> Shoplifting             | <input type="checkbox"/> Homicide/murder                  |   |

**If yes, provide details:**

Currently on probation/parole:  Yes  No

Method of reporting:  Phone  Letter  In - person

Officer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a required to register your location as a sex offender?  Yes  No

Are you required to register with the Sherriff's office?  Yes  No

Reason: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pending actions:  Warrants  Court Appearances  Sentencing  Other If yes, provide details:

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual**

Do you believe in God:  Yes  No  Uncertain

Have you ever committed your life to Jesus Christ?  Yes  No  Uncertain

Are you currently involved in a church or religion?  Yes  No If yes, which: \_\_\_\_\_

Describe your involvement:

**Financial Information**

Are you currently employed?  Yes  No

List your most recent jobs:

**Are you receiving any of the following:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Welfare                 | <input type="checkbox"/> Worker's Comp   | <input type="checkbox"/> Retirement Other |
| <input type="checkbox"/> Unemployment            | <input type="checkbox"/> Alimony         | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Disability (SSA or SSI) | <input type="checkbox"/> Retirement (SS) |   |

If yes, provide details:

Do you have any outstanding debts? Include information regarding child support, alimony, court fines, probation fees, or other ongoing financial responsibilities. If yes, provide details:

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

**Education**

Highest Grade Level Completed: \_\_\_\_\_ Do you have a high school diploma or GED?  Yes  No

What are your educational and/or vocational goals?

Notes:

This application has been completed by:  Student  Other If not student, please provide details:

**Accuracy of Information**

I certify the information in this application and its attachments are true and accurate to the best of my knowledge. I understand that if this information is not true and accurate it may risk my ability to participate in the Teen Challenge Monterey Bay.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Application



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**PROGRAM ENTRANCE AGREEMENT AND ACCEPTANCE  
CONFIDENTIAL**

**THIS AGREEMENT AND ACCEPTANCE**, is made and entered in to this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
Between said Student: \_\_\_\_\_ and Teen Challenge Monterey Bay.

**TERMS AND CONDITIONS OF PROGRAM ENTRANCE-AGREEMENT AND ACCEPTANCE**

Whereas, the above student chooses to enter the Teen Challenge program and Teen Challenge has expressed a willingness to accept him/her in order to overcome his/her life- controlling problem(s) and to receive Christian discipleship through enrollment in its program.

Now therefore, it is **AGREED** by and between Teen Challenge and myself, in consideration of the potential help offered to me by the program, that: **(initial each separate item listed below)**

\_\_\_\_ 1. **COMPLETED APPLICATION REQUIREMENTS AND PROCEDURES** - I confirm that I understand, accept and complied fully with all **application requirements and procedures** and that knowingly, I have not withheld any information that might jeopardize my eligibility and entry into the program. I understand and accept that such nondisclosure, incomplete information or false statements made on the application, associated entrance forms, or future consolation with Teen Challenge staff, may constitute an automatic and immediate disqualification, suspension, or termination from the program.

\_\_\_\_ 2. **STUDENTS TO ASSUME PERSONAL RESPONSIBILITY FOR THEIR ACTIONS** - I understand that it is primarily my responsibility to face the reality of dealing with and handling my problems on a day-to-day basis. I also understand that I assume full responsibility for keeping the terms of this agreement (abiding by or breaking rules). Infractions on my part, therefore, constitute my decision not to cooperate with the program as agreed. Such failure to comply with any of the terms of this agreement, or any directives by Teen Challenge, will subject me to possible dismissal by Teen Challenge and from the program, and I agree to bear the responsibility for any disciplinary or dismissal consequences for such. In such case, Teen Challenge and Teen Challenge staff will be entitled to recourse to any legal action provided by law.

\_\_\_\_ 3. **TEEN CHALLENGE IS A CHRISTIAN DISCIPLESHIP PROGRAM** - I understand Teen

Challenge is not a

**"drug rehabilitation program"**. It is a Christian discipleship program which is aimed at those with life-controlling problems. As such, I realize that building a relationship with Jesus Christ is the heart of the program. Extra peripheral helps, such G.E.D. training, vocational guidance and training, etc, are only secondary.

\_\_\_ 4. **PROGRAM IS NOT RESPONSIBLE FOR STUDENT MEDICAL OR DENTAL EXPENSE** -1 understand that Teen Challenge shall not be responsible for the medical or dental needs of a student prior to entry or during program attendance. Student's medical and dental expenses incurred by students while enrolled in Teen Challenge shall be the responsibility of each individual student. This shall include an accident or injury while student is enrolled and participating in the program.

\_\_\_ 5. **SUBSTANCE WITHDRAWAL WHILE IN PROGRAM** -1 understand that withdrawal from drugs, alcohol, tobacco, or any other chemical will be done **"cold turkey"** (without a graduated chemical detoxification) aided by prayer.

\_\_\_ 6. **STUDENT HAS READ AND WILL COMPLY WITH STUDENT CONDUCT PROGRAM GUIDELINES** - I have read and understand the Teen Challenge program **Student Conduct Policies and Guidelines** manual and agree to conduct appropriate attitude, behavior, commitment, and responsibility in accordance with Teen Challenge policies and guidelines.

\_\_\_ 7. **STUDENT TO PARTICIPATE IN PROGRAM WORK EXPERIENCE ACTIVITIES**- I understand and agree that I will participate in the work experience programs of the Center as long as I am in the program, will work willingly, and I will complete all assignments given to me. Student work experience assignments are an integral part of the program, not only in terms of character, responsibility, honesty and good work habits; but, also as a way of financial support basis for the program. Students shall not be paid for work performed will in the program.

\_\_\_ 8. **STUDENT TO PARTICIPATE IN ALL SCHEDULED PROGRAM ACTIVITIES**- I understand and agree to participate and complete the program's educational curriculum, treatment plan, work experience assignments by following policies and procedures adopted by the program.

\_\_\_ 9. **NOT IN THE PROGRAM JUST TO DO TIME** - I understand that each phase isn't achieved automatically by time alone. I am not in Teen Challenge to "do time", but to do whatever is necessary for me to be a true follower of Christ.

\_\_\_ 10. **TERMS OF PROGRAM** -1 understand that if it is determined I am not following after the Lord in a cooperative and teachable manner, that I will be asked to leave (and referred elsewhere as appropriate).

\_\_\_ 11. **COUNSELING** - I understand that the counseling I am to receive is not professional clinical counseling. It will be Biblical counseling, and for the most part "Peer Counseling".

\_\_\_ 12. **NOT LICENSED BY THE STATE** - I understand that many of the people living at Teen Challenge have histories including, but not limited to, drug and alcohol abuse, mental and emotional problems. I also understand that, while Teen Challenge meets its own National Certification Standards, it is not licensed by the State as a mental health facility. I agree not to hold Teen Challenge liable for any possible negative consequence, be it physical or emotional, resulting from my living here. I understand that I am here voluntarily and that I may leave at any time.

\_\_\_\_ 13. **SEARCH AND MONITORING OF STUDENT, PERSONAL PROPERTY, ROOMS, MAIL, AND PHONE CALLS** - I authorize the Teen Challenge staff to search my person and my belongings upon admission into the program. It's further understood that I release the right to Teen Challenge to make room searches and also my physical search of my person as deemed appropriate by Teen Challenge. I also authorize Teen Challenge to search my incoming and outgoing mail or any items brought in later by visitors for drugs, information, or any matter that might be harmful to my progress or to other students. I understand that all phone calls made by or received for me will be screened and/or monitored.

\_\_\_\_ 14. **STUDENT RESPONSIBLE FOR PERSONAL PROPERTY WHILE IN PROGRAM** - I understand that Teen Challenge or Teen Challenge staff shall not be held responsible for any of my personal property while I am in the program in case of damage, fire, loss or theft, or left upon leaving. I understand that when I leave the program, I must take all my personal property with me unless left, by special arrangement with the Program Director, for a period of up to 24 hours. Otherwise, they may become property of the program. Any funds credited to my account, return ticket, etc., may be forfeited to the general fund if I fail to comply with program procedures.

\_\_\_\_ 15. **CONFIDENTIALITY OF STUDENT RECORDS** - I agree that Teen Challenge Monterey Bay may reveal information about me to any or all of the Teen Challenge Monterey Bay staff. I understand that Teen Challenge Monterey Bay has a policy of maintaining the confidentiality of all my private communications between Teen Challenge Monterey Bay and me. Generally, such confidential communications will not be disclosed to a person or persons outside the Teen Challenge program, including my family members, unless I have signed the **Authorization for Release of Confidential Information** for the release of such information and/or records. Even then, Teen Challenge Monterey Bay reserves the right to privileged information unless required by law in accordance with Federal Law 42 CFR Part II. This means that Teen Challenge Monterey Bay has no duty to notify or inform family members about any program communication (s) between Teen Challenge Monterey Bay and myself. If Teen Challenge Monterey Bay does make such disclosures as they believe are in my best interest, I waive any objection to such disclosures as per my signing a form: **Authorization for Release of Confidential Information**.

\_\_\_\_ 16. **TEEN CHALLENGE NOT RESPONSIBLE FOR** - Furthermore, in consideration for the opportunity to obtain this program ministry, I promise that I will not take any legal action in the future for anything said, done or omitted by Teen Challenge Monterey Bay during enrollment in the program. I agree to hold Teen Challenge harmless for any legal claims of negligence or damage of any sort which a person could assert relating to the program ministry.

I specifically release Teen Challenge Monterey Bay and its staff from any and all financial or legal responsibility in case of accident, injury, illness, or other imponderable misfortune, and release Teen Challenge Monterey Bay and its staff from all liability of any kind whatsoever as a result of this agreement and my participation with them.

\_\_\_\_ 17. **CONSENT TO SUBMIT TO URINALYSIS OR BREATH ANALYSIS** - I understand that Teen Challenge Monterey Bay shall reserve the right to require me to submit to drug testing upon demand and that such test (s) shall be paid for by the program. I further acknowledge that my refusal to submit to such testing will be choosing to leave the program, requiring an Accountability Hearing.

\_\_\_\_ 18. **STUDENTS RESPONSIBILITY FOR ATTITUDE AND BEHAVIOR** - I understand and agree to accept personal responsibility for my own attitudes and behavior while in the program. I further understand that inappropriate behavior as set forth in the program policies, procedures and directives shall be confronted and in a required manner in or outside the facility. All my behavior and attitudes shall



manifest Christian love, compassion, consideration, cooperation and respect for each other. All things should edify and build one-another up in Christ.

\_\_\_ 19. **CIVIL RIGHTS WAIVER ACKNOWLEDGMENT** - I understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. I also understand that Teen Challenge Monterey Bay is an evangelical Christian discipleship ministry for people with life-controlling problems. Therefore, since I choose to be a Student in this program, then I also realize and submit to the ministry's expectations to attend Christian religious activities as coordinated by the ministry. Further, for reasons of assisting me in dealing with my life-controlling problem, I understand staff will regularly monitor my communications while in the program, in accordance with the program's policies and procedures.

\_\_\_20. By signing this form, **ENTRANCE AGREEMENT** I acknowledge that I have examined and read this agreement, the **Student Handbook** and confirm that I understand them. I do hereby agree to abide by all rules, regulations and conditions of Teen Challenge Monterey Bay program.

In Witness Whereof, Teen Challenge and said Student have caused this **Entrance Agreement** to be executed.

\_\_\_\_\_  
Teen Challenge Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen Challenge Staff

\_\_\_\_\_  
Date



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# Teen Challenge Monterey Bay



## MEDICAL FORM

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

Upon examination of \_\_\_\_\_, I found him/her, in my  
medical opinion, to be free from communicable disease and in \_\_\_\_\_  
(good, average, poor)

health physically and in \_\_\_\_\_ health emotionally.  
(good, average, poor)

Handicaps (physical, mental, emotional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug allergies: \_\_\_\_\_

Any evidence of MRSP (macrolide resistant Streptococcus Pneumoniae)? \_\_\_\_\_

LABORATORY RESULTS	
Chlamydia	_____
Gonorrhea	_____
Herpes	_____
Syphilis	_____
T.B. Skin results	_____
Hep A, B & C	_____
Pregnancy Test Results (for women)	_____
HIV test	_____

In my professional opinion, this person is stable enough physically, mentally and emotionally to participate in a 13-month minimum residential program at Teen Challenge Monterey Bay centers.

Doctor's Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Form



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### Teen Challenge Work Experience Program

#### Biblical Basis for Work Experience Program

Teen Challenge Work Experience Program derives its inspiration from our belief in the Holy Scriptures, which views work as one of the central purposes for human existence. In the beginning, God worked, and placed man, who was created in His image, on the earth to "fill the earth and subdue it" (Genesis 1:28). Work was a principal means of reflecting God's image even before the Fall by applying labor, skill, and creativity to make productive and fruitful the latent resources of the earth. After the Fall, work did not become bad, only more challenging and difficult (Genesis 3:17-19). God designed work to be redemptive, allowing us to enter the joy of co-laboring with Him (1 Thessalonians 3:2). Work is the dominant enterprise of most healthy people in sound societies. Through the illumination and renewing of the mind by the Scriptures and the Holy Spirit, communion with God, the encouragement of fellow Christians, and God's grace, one may capture a vision of work as the blessing that God originally intended for man.

#### **The Bible is filled with exhortations and illustrations concerning work.**

Diligent, hard work is associated with prosperity (Proverbs 10:4; 14:23), serving people in high rank (Proverbs 22:29), satisfaction in life, (Ecclesiastes 2:24) and reaping eternal rewards (Colossians 3:23- 24).

The apostle Paul writes in his letters of the example he and others set working with their own hands to provide for themselves and those who labored with them (1 Corinthians 4:12). He encourages his readers to not be dependent on anyone, but, if possible, to work with their hands to provide for their own needs (Titus 3:14). Above all, Paul exhorts his readers to do everything as though God was the supervisor (Colossians 3:23).

Hard work is the fruit of a repentant lifestyle (Ephesians 4:28) and wins the respect of the local community (1 Thessalonians 4:11-12). Where one has led a less than wholesome lifestyle involving anti social behavior, there is further moral imperative to "make up for" the wrongs done by providing for oneself, and to have enough to give to those in need, through hard work (Ephesians 4:28).

One of the primary objectives of the Teen Challenge program is to encourage students to live in repentance from a self-destructive lifestyle. Participating in work assignments, therefore, is one means by which students may practice and develop the godly habit of a repentant lifestyle prior to their return to society.

In contrast, laziness is associated with poverty (Proverbs 10:4), destructiveness, (Proverbs 18:9), and sinfulness (2 Thessalonians 3:6-8). One is considered worse than an unbeliever if he does not work hard

and provide for his dependents (1 Timothy 3:1, 4, 5; 5:8). Christians must avoid fellowship with "one who is idle." (2 Thessalonians 3:6) If an individual "does not work, he shouldn't eat." (2 Thessalonians 3:10)

### **Practical Application and Experience**

The experience of Teen Challenge confirms these Biblical pronouncements, as we have found that work assignments often help surface unbiblical attitudes towards work, authority, and God, and occasionally, racism, dishonesty, and disorganization, and reveal (at least in part) why students may have misused alcohol and/or other substances to cope with their failures. In exposing and addressing sinful attitudes, work assignments also provide Teen Challenge staff the opportunity to teach students the benefits and blessings of mature Christian character, in making the best of the same circumstances and honoring God in the process.

Work assignments also prepare students to live a productive life after they complete the Teen Challenge program. Students learn specific principles regarding a healthy work ethic such as:

Punctuality

Cheerfulness and willingness regarding work

Submission to authority

Collegiality and collaboration with fellow co-workers

Completing tasks and experiencing the satisfaction of work well done

Dealing with and overcoming failure

Taking initiative and seeking greater responsibility

Understanding the correlation between job production and future wages

Desiring greater knowledge and skills within one's line of work

### **Accomplishing Our Mission**

In summary, the Work Experience Program permits Teen Challenge staff members to discern and disciple the character and behavior of our students. The Program also trains and equips our students to apply first-hand the lessons they are learning from staff members, as they seek to undertake a new drug-free, mentally sound, emotionally balanced, socially adjusted, physically well, and spiritually alive lifestyle upon their graduation from Teen Challenge.

### **Scriptures on Work**

**Proverbs 10:4** Lazy hands make a man poor, but diligent hands bring wealth.

**Proverbs 18:19** One who is slack in his work, is brother to one who destroys.

**Proverbs 14:23** All hard work brings a profit, but mere talk leads only to poverty.

**Proverbs 22:29** Do you see a man skilled in his work? He will serve before kings; he will not serve before obscure men.

**Proverbs 24:30** I went past the field of the sluggard, past the vineyard of the man who lacks judgment; 31 thorns had come up everywhere, the ground was covered with weeds, and the stone wall was in ruins. I applied my heart to what I observed and learned a lesson from what I saw: A little sleep, a little slumber, a little folding of the hands to rest and poverty will come on you like a bandit and scarcity like an armed man.

**Ecclesiastes 2:24** A man can do nothing better than to eat and drink and find satisfaction in his work. This too, I see, is from the hand of God.

**I Corinthians 4:12** We work hard with our own hands. When we are cursed, we bless; when we are persecuted, we endure it; when we are slandered, we answer kindly. Up to this moment we have become the scum of the earth, the refuse of the world.

**Corinthians 6:4** Rather, as servants of God we commend ourselves in every way: in great endurance; in troubles, hardships and distresses; in beatings, imprisonments and riots; in hard work, sleepless nights and hunger; in purity, understanding, patience and kindness; in the Holy Spirit and in sincere love; in truthful speech and in the power of God; with weapons of righteousness in the right hand and in the left; through glory and dishonor, bad report and good report; genuine, yet regarded as impostors; known, yet regarded as unknown; dying, and yet we live on; beaten, and yet not killed; sorrowful, yet always rejoicing; poor, yet making many rich; having nothing, and yet possessing everything.

**Ephesians 4:28** He who has been stealing must steal no longer, but must work, doing something useful with his own hands, that he may have something to share with those in need.

**Colossians 3:23** Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.

**Thessalonians 4:11** Make it your ambition to lead a quiet life, to mind your own business and to work with your hands, just as we told you, so that your daily life may win the respect of outsiders and so that you will not be dependent on anybody.

**Thessalonians 3:6** In the name of the Lord Jesus Christ, we command you, brothers, to keep away from every brother who is idle and does not live according to the teaching you received from us. For you yourselves know how you ought to follow our example. We were not idle when we were with you, nor did we eat anyone's food without paying for it. On the contrary, we worked night and day, laboring and toiling so that we would not be a burden to any of you. 9 We did this, not because we do not have the right to such help, but in order to make ourselves a model for you to follow. For even when we were with you, we gave you this rule: "If a man will not work, he shall not eat."

**Titus 3:14** Our people must learn to devote themselves to doing what is good, in order that they may provide for daily necessities and not live unproductive.



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**Student Acknowledgement and Agreement Regarding Work Assignments  
Statement of Student**

1. I understand that if I am admitted as a student, I will be required to participate in the Teen Challenge Work Experience Program.
2. I acknowledge that I have read and fully agree with Teen Challenge's description of its Work Experience Program; which addresses the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual.
3. I understand that if I am admitted to Teen Challenge as a student, I will be performing work assignments not as an employee; but, solely for my benefit to further my spiritual growth, maturity, character development, recovery from controlled substances and a preparedness to go back into the work place.
4. Accordingly, by signing this Agreement, I am not applying for a position of employment with Teen Challenge, and if admitted as a student into the program, I understand I will not receive any compensation or in-kind benefits in exchange for the performance of my work assignments.
5. I further understand that if I fail to perform my assigned work-related tasks, Teen Challenge may revoke my status and privileges as a student. Because, performance of work assignments are a consideration for the receipt of such status and benefits, each student's participation in the Work Experience Program is a necessary and vital part of the restoration process.

\_\_\_\_\_  
Teen Challenge Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print):

\_\_\_\_\_  
Teen Challenge Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name Printed



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**Statement of New Student Regarding Work Assignments**

I acknowledge that I have read the Teen Challenge statement regarding the necessity of work assignments as part of my overall recovery program at Teen Challenge and fully agree with the Teen Challenge statement regarding the importance of my work assignments in helping to build in me the Biblical values of a good work ethic and the character of a responsible, upright individual. I understand that I will be performing my work assignments not as an employee of Teen Challenge, but solely for my benefit, to further my spiritual growth and maturity, character development, recovery from controlled substances, and readiness to go back into the work place. I do not expect any compensation or in-kind benefits, for the performance of any work assignment. My performance of a work assignment is not a condition of my receipt of room and board from Teen Challenge. If I fail to perform my work assignments, Teen Challenge may revoke my status and privileges as a student, not because the performance of work assignments is consideration for my receipt of such status and privileges, but because my participation in the Work Experience Program is vital to my recovery and my overall participation in the Work Experience Program is vital to my recovery and my overall participation in the Teen Challenge student program.

As evidence of my understanding regarding the purpose of work assignments, I agree that:

1. I will not execute any agreement with any outside entity that will be providing immediate supervision over my work assignment either for myself or on behalf of Teen Challenge;
2. I will not file any claim or take any action individually or with others for recovery of wages in conjunction with my work assignment;
3. I will contribute any income I receive from public benefits, benevolence assistance, charitable gifts, or other means of assistance that I receive in conjunction with my participation as a student and/or during my term as a student to Teen Challenge provided it is consistent with the law. Further, I understand that should I successfully complete the program I may be eligible for up to \$3,000 of benevolence to assist me as I begin my new life in Christ [consistent with the policies and procedures related to Benevolence.]

\_\_\_\_\_  
Teen Challenge Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print):

---

Teen Challenge Staff Signature

---

Date

---

Staff Name Printed

Statement of New Student Regarding  
Work Assignment



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## Civil Rights Waiver Acknowledgment

The right to confidential communications and the exercise of the religion of choice are civil rights. However, Teen Challenge, in the interest of the discipleship process for the student, reserves the right to monitor and/or control communications. Further, as an evangelical ministry, we require students to attend religious functions. This waiver shall be administered at the time of admission or as soon thereafter as the student is capable of rational communication.

I, \_\_\_\_\_, understand that I have civil rights guaranteeing confidential communications by phone and mail, as well as exercising the religion of my choice. I also understand that Teen Challenge is an evangelical Christian discipleship ministry for people with life-controlling problems. Therefore, since I choose to be a Student in this program, then I also realize and submit to the ministry's expectations to attend Christian religious activities as coordinated by the ministry. Further, for reasons of assisting me in dealing with my life controlling problems, I understand staff will regulate and monitor my communications for a period of time determined by the staff.

I voluntarily give my consent allowing staff to exercise these procedures. I fully understand my rights and what I am waiving.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





**Non-Negotiables**

We believe that every action is a result of a personal choice, whether premeditated or impulsive. Therefore, when a student chooses to break one of the non-negotiable rules, the student has, in effect, chosen to leave the program. When a student chooses to leave the program by engaging in one of these behaviors, the student may either actually pack up and leave or request to go before the Accountability Committee to discuss the possibility of being accepted back into the program. Following are the non-negotiable issues for TCMB.

1. Using drugs and/or alcohol (refusing a drug/alcohol test is considered an admission of use)
2. Verbal and/or physical assault towards student(s) or staff.
3. Leaving the program, which can include consistent defiance towards authority, leaving the premises without permission or not being where assigned.
4. Stealing.
5. Racial or Sexual Harassment.

If the student shows true penitence and the determination to work toward changing old habits, the Accountability Committee may choose to reinstate the student. A restriction may be imposed, such as a 30 day hold on the program, 30 day blackout with no outside contact, etc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Non-Negotiables



## *Teen Challenge Monterey Bay*



### SMOKING POLICIES

Drugs and Alcohol are not the only addictive substances available to hinder our walk with the Lord. Most of us have addictive personalities to some degree, but even more so for the drug/alcohol abuser. Nicotine is an extremely addictive substance, and smoking itself is very hazardous not only to your own health, but to those around you. We tend to accept smoking as not that important because we don't see the destruction till years later, and because it is a legal activity.

However, we at Teen Challenge Monterey Bay feel we need to submit fill unhealthy habits to the Lord. Therefore, we have a strictly non-negotiable NO SMOKING/NO TOBACCO PRODUCTS policy. This means not only no smoking, etc., within the gates, but also not outside the gates or when away from the Center on an outing or work project, or even WHEN HOME ON PASS.

Following are the consequences for those caught smoking or in possession of cigarettes:

1. Evaluate
2. Loss of privileges for 30 days: no store runs, no visits, no phone calls, no pass. Should there be a special event at the Center, such as movie night or birthday, the Student will be allowed to take part in that activity.
3. Loss of privileges will be cumulative. Should a Student be found to be smoking during a 30-day blackout period, he will have an additional 30 days' loss of privileges added to the current loss of time, etc.
4. A Crisis Phase Student must have four (4) clean tobacco-use tests in a row to promote to First Phase.
5. A fifth Phase student caught smoking will have to work two weekends in a row.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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**CONFIDENTIALITY OF RECORDS**  
Notice to Students, Staff & Volunteers  
In accordance with 42CFR 2.1 (10-1-91 Ed.)

The confidentiality of alcohol and drug abuse patient records maintained by this ministry is protected by federal law and regulations. Generally, the ministry may not say to a person outside the program that a student attends the program or disclose any information identifying a student with a life-controlling problem, especially alcohol or drug abuse, unless:

- The student consents in writing,
- The disclosure is allowed by a court order, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a student either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I warrant that I have read the above notice prior to its execution and that I am fully familiar with the contents thereof.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Confidentiality of Records



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# Teen Challenge Monterey Bay



## RELEASE WITH CONSENT

I \_\_\_\_\_ give Teen Challenge Monterey Bay authorization to release the following information: (type of information to be disclosed)

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

Release shall be made to: \_\_\_\_\_

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

For the purpose of: \_\_\_\_\_

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

This statement of consent is subject to revocation by the student at any time except to the extent that the ministry or person who is to make the release has already acted in reliance on it.

This consent EXPIRES on: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Staff On Duty: \_\_\_\_\_

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

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

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Release with Consent



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*Teen Challenge Monterey Bay*



### **AIDS STATEMENT FOR NEW STUDENTS**

Teen Challenge does not discriminate against those who are HIV+ in its admissions procedures. Because a large number of I.V. users have been infected with the HIV virus, at any given time there may be one or more Students in the program who are HIV+. This Center does not require Students who are HIV+ to notify other Students in the program of their HIV status, since HIV+ alone is not a contagious condition that others should be concerned about.

Teen Challenge is not a medical care facility and is unable to provide 24-hour on-site medical supervision. Therefore, all Students entering the program must be in good health and able to participate in all activities in the program. If a Student's health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or medical condition requires 24-hour medical supervision, he/she will have to leave the Teen Challenge Program.

### **Student Responsibilities**

A. HIV+ Students will not be allowed to work in the kitchen or in any food handling capacity at any time. There WILL BE NO EXCEPTIONS.

B. HIV+ Students MUST visit a nurse at a clinic a minimum of once a week. It's the Student's responsibility to do so.

C. HIV+ Students who have family members or friends who have possibly contracted the virus from them shall NOTIFY THEM IMMEDIATELY.

D. If not covered elsewhere, then at this point we state the policy regarding sexual relationships with others while in the program. All Students are prohibited from any sexual intercourse (relationships) with other STUDENT OR STAFF.

E. Any HIV+ Student who intentionally puts another person at risk of being infected with the HIV virus will be IMMEDIATELY DISMISSED FROM THE PROGRAM.

F. A Signed Acknowledgment of receiving this form is included in your intake application located in your

Confidential Student File.

Signature of Applicant:

\_\_\_\_\_

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

Name (print): \_\_\_\_\_

Signature of Staff On Duty: \_\_\_\_\_

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

Name (print): \_\_\_\_\_

AIDS Statement for New Students

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# Teen Challenge Monterey Bay



## STUDENT CORRESPONDENCE, TELEPHONE AND VISITATION AUTHORIZATION LIST

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_ Yes \_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---

*STUDENT CORRESPONDENCE, TELEPHONE AND VISITATION AUTHORIZATION LIST cont'd*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

APPROVED \_\_\_\_\_ Yes \_\_\_\_\_ No

---



Signature of Applicant: \_\_\_\_\_

Signature of Staff : \_\_\_\_\_

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

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

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_



# Teen Challenge Monterey Bay

ADULT & TEEN CHALLENGE  
288 \* 867 \* [www.teenchallengemb.org](http://www.teenchallengemb.org)



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

Dear \_\_\_\_\_

I arrived at Teen Challenge Monterey Bay on \_\_\_\_\_. I will be on a **30-60 day "black out"** period during which time I may have no contact from outside the program. I need to use this time to settle into the routine of the Center, familiarize myself with the rules and schedule and to focus on my issues.

After that time, I am allowed one **15- minute phone call** per week on **Saturdays** (hours to be determined). I may call you on the phone collect, or by using a phone card. At this time, I may also send and receive mail from immediate legal family. Mail is unlimited; please remember to be encouraging. The people with whom I may have mail or telephone contact are:

_____	_____
_____	_____
_____	_____

After the first 60 days, I may have **Sunday** visitors here at the Center, with my immediate legal family and Pastor, from **1:00p, to 5:00pm**. I do need to know about visits ahead of time to put in a written request. I may also request an **8-hour** pass on pass weekend (**9am- 5pm Saturday**), during which time I am allowed to leave the Center with family members or other approved accountability.

Also, after the first 60 days, I can be reached by mail at:

**Teen Challenge Monterey Bay**  
Attn: \_\_\_\_\_  
**PO Box: 1807**  
**Watsonville, CA 95019**

I am not allowed to hold money until after Day 61, where I can only keep \$3 on my person at a time. Should you wish to send money for my incidentals, please send a check or money order made out to "Teen Challenge Monterey Bay", add my name to the memo line and mail to the address above.

As I successfully progress in my program, I will be given additional privileges, such as passes for home and other off-campus activities. I will let you know more about these when the time comes. I am aware this will be the most difficult year of my life; therefore, there cannot be too many prayers or too much encouragement to help me through.

From,



I'm Here Letter

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\*\*\*\*\*PLEASE READ TO STUDENT\*\*\*\*\*

**Student Intake Funds:** All funds received will be deposited into the TCMB student bank account. Should the student choose to exit the program, NO CASH will be given. Students must sign an Exit Form and a check will be mailed within five business days. Please specify a mailing address below. If a student leaves the Teen Challenge program and their student fund balance is less than \$5.00, then that balance amount will be forfeited to Teen Challenge Monterey Bay.

**Student cell phones, electronic equipment:** TCMB will not accept responsibility for any electronic equipment. At the time of intake, student must box it up, address it and provide funds for any electronic items to be mailed. Otherwise, electronics turned in are forfeited and are not returned.

**Student's Full Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Members Present:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT INTAKE MONEY**  
Amount: \$ \_\_\_\_\_  
Verified by Staff \_\_\_\_\_

**Mailing Address:**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Medications verified by:** \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of staff

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Intake Property check-in



***Teen Challenge Monterey Bay***

FOR MEN, WOMEN AND CHILDREN  
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**RELEASE OF MEDICAL INFORMATION**

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

Patient/Student: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize any and all information contained in my medical records or other medical information for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ be released:

From: \_\_\_\_\_ To: \_\_\_\_\_

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

This authorization is limited to the following medical records and type of information: \_\_\_\_\_

\_\_\_\_\_

I understand that I have a right to receive a copy of this authorization.

Xrays      Films \_\_\_\_\_      Reports \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If signed other than patient, indicate legal relationship: \_\_\_\_\_

I hereby also consent to the release of any and all alcohol and/or drug abuse, sickle cell anemia or psychiatric treatment records under the same conditions as outlined above. I understand that such information cannot be released without my specific consent.

Date sent: \_\_\_\_\_      Initials: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

Date



Release of Medical Information

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**PRESCRIPTION MEDICATION RECORD SHEET —CONFIDENTIAL—**

The following prescription medication information shall be recorded and kept on file for a minimum of seven years as per TC USA Accreditation Standards.

Assigned # recorded on Med log sheet:			
Medication		Dosage:	
Prescribing Physician		Frequency:	
Pharmacy & Phone		RX #	

Assigned # recorded on Med log sheet:			
Medication		Dosage:	
Prescribing Physician		Frequency:	
Pharmacy & Phone		RX #	

Assigned # recorded on Med log sheet:			
Medication		Dosage:	
Prescribing Physician		Frequency:	
Pharmacy & Phone		RX #	

Assigned # recorded on Med log sheet:			
Medication		Dosage:	
Prescribing Physician		Frequency:	
Pharmacy & Phone		RX #	

Student Name:

Prescription Medication Record Sheet







**PERSONAL STORY & MEDIA RELEASE FORM**

In consideration of and as a condition to my admission to *Teen Challenge Monterey Bay* Christian recovery and discipleship program ("the Program"), I hereby give *Teen Challenge Monterey Bay* (the "Licensee") and its sublicensees, assigns and legal representatives including, but not limited to Teen Challenge USA and Global Teen Challenge the perpetual, unlimited, but revocable worldwide right to use, publish and/or broadcast my name and personal story which I have related to *Teen Challenge Monterey Bay* in whole, or in part, along with my voice, name, statements, testimonials, pictures, photographs and/or composite representations thereof for archival, educational, inspirational, advertising, publicity, promotion, news, documentary, print, broadcast, and in all electronic and other media. This grant includes the right to modify and edit any film, videotape, audiotape and photograph taken or made of me during my participation in the Program, and to use words, symbols, designs, illustrations, recordings or other communications elements in conjunction with it or them.

The Licensee will not use any information about me other than what I voluntarily and personally provide.

I agree that all recordings, video, film, photography, drawings or other images taken or made of me by the Licensee are owned by it and that it may copyright any such creative works. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive my right to review or approve any of the above or the use to which they may be applied. The Licensee shall not be obligated to make use of any of the rights granted therein.

I hereby release, discharge and agree to hold the Licensee, its sublicensees and all persons acting with its permission or authority harmless from any claim, demand or liability attributable to any use or activity authorized herein, including without limitation any claims for defamation, libel or invasion of privacy or publicity rights.

I have read the above and I fully understand and agree to the contents thereof. This agreement shall be binding upon me and my survivors, heirs, legal representatives and assigns.

I understand that upon ninety days written notice from me to *Teen Challenge Monterey Bay*, the Program will discontinue all uses and activities authorized above, and, if it has authorized third parties to make such uses or engage in such activities, it will make reasonable efforts to see that such third party or parties discontinues them as well.

Student Signature

Date

Print Name:

Age: \_\_\_\_\_

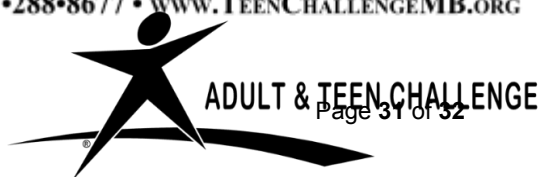
Staff Signature

Date



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## STUDENT ACCEPTANCE AND AGREEMENT

All Teen Challenge rules and guidelines are subject to deletion, suspension, modification or addition at any given time by approval of the Director. These rules are set down as guidelines and are not a contract for graduation or continuation in the program. Graduation or dismissal from Teen Challenge is completely at the discretion of the Center, in conjunction with our purposes and goals.

Whereas the signature below designates the student chooses to enter the Teen Challenge program and Teen challenge has expressed a willingness to accept the student to assist in overcoming his/her life-controlling issues and to receive Christian discipleship through enrollment in its program.

Now therefore it is agreed, by and between Teen Challenge and myself, in consideration of the potential help offered to me by the program, that I acknowledge having read, understand and agree to the program rules and above statements as a condition of my stay at Teen Challenge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Student Acceptance & Agreement



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