

Servants of the Streets Recovery Management Center, Inc.

Membership Application

Please Print

Name _____ Date of Birth _____
Date of Application _____ Social Security Number _____
Previous Address _____
City _____ State _____ Zip _____
Driver's License # _____
Phone _____ Cell: _____

Emergency Contact

Notify: Name _____
Address _____ Phone _____
City _____ State _____

Religion _____

Are you disabled? _____ Do you need Medical Care? _____ If so, what for? _____

Are you taking any prescribed or over the counter medications? _____ If so, what? Please list all on the back of application.

Do you have a General Practitioner? _____ If so, have you been seen in the last 6 months? _____

NOTE: Please provide Medical history with membership application.

Do you receive any financial assistance from any person or agency? _____

If so, what agency? _____

Are you employed? _____ If so, where? _____

What shift do you work? _____ What is the pay? _____ How often are you paid? _____

Are you married, single, divorced, or separated? _____

Do you have any addictions? Drugs, Alcohol, Tobacco, or etc. _____

NOTE: Smokers must call 1-800 quit now, (1-800-784-8669) prior to acceptance.

When is the last time you have used drugs and/or alcohol? _____

Do you have any outstanding warrants? _____

Are you on probation or parole? _____

Are you a sex offender? _____

Have you been convicted of any violent crimes? _____

Why are you interested in living at S.O.S? _____

How did you hear about us? _____

Please be advised that you are under no obligation to live here unless you have been released to our custody through the judicial court system. S.O.S. is a non-profit "Jesus-centered" religious organization. We are not government funded, but rely on donations, offerings, and tithes to make our services available. Daily Bible studies, prayer, and a 12-step recovery program are required. All of this information has been fully explained and I agree to all the contents.

Signature _____

Staff Member _____

Rev. B Dated 03/04/2020

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