



Hebron Chapel

Hebron Colony Ministries, Inc.

356 Old Turnpike Road
Boone, NC 28607
(828) 963-4842

P.O. Box 407
Santee, SC 29142
(803) 854-9809

Web Site: www.hebroncolony.org



Grace Home Chapel

Dear Applicant,

Thank you for your interest in the Hebron Colony drug and alcohol addiction recovery program. Based on the information you have already shared over the phone, you appear to be a potential candidate. We welcome you now to complete the attached application. We are praying for you, that God will continue to work in your heart and assure you of His love and good purpose for you. God, through Jesus Christ, is able not only to rescue you from drug and/or alcohol addiction, but to give you a brand new life! Our prayer is that you will come to Hebron Colony, and later leave a new or renewed man in Christ!

Be careful to provide all the requested information. Any information you provide which proves to be incomplete or inaccurate will invalidate your application. **Please fill out and sign all appropriate pages. Return by mail to Hebron.** Your medical test results do not have to be returned with the application. After receiving and reviewing your application, we will send further instructions.

We believe the Bible to be God's inspired, inerrant, and eternal Word.
We believe sin is the problem beneath and behind all addictive behavior.
We believe Jesus is the Son of God, sent into the world to save sinners.

The Hebron Colony program helps you focus on Jesus Christ, as the Bible describes and explains Him. We study, pray and interact with each other, focusing not so much on past life experiences and failures, but on what God promises to do with a life surrendered to Him.

The program includes housing, meals, and a structured daily routine, designed to nourish and develop your mind and body, as well as your soul.

We look forward to hearing from you.

Hebron Colony Ministries, Inc.

*"Therefore if any man be in Christ, he is a new creature: old things are passed away; behold, all things are become new."
2 Corinthians 5:17*

Name _____ Date: _____

Hebron Colony Ministries, Inc.
Student Application

Please neatly print all the requested information, then mail to the address shown on Page 4.

DO NOT WAIT ON LAB RESULTS.
SEND APPLICATION IMMEDIATELY.

Are you a: New Student?
Returning Student? When were you here before? _____

How did you know about Hebron Colony?

Your Name _____

Name you like to be called _____

Middle _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

More numbers where you might be reached _____

Date of Birth _____ / _____ / _____
(Month/Day/Year)

Age _____ Height _____ Weight _____ Can you read well? ... not well

Social Security Number _____ / _____ / _____

Valid Driver's License Number _____ State _____

Single Married? Separated? Widowed? Divorced? Engaged

If married, your spouse's name _____

How many children do you have? _____ Ages _____

Emergency Contact _____

Phone (____) _____

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Addiction and Medical Issues

List the substances to which you're addicted:

List other medications you are currently taking:

List all medical conditions (bi-polar, handicapped, schizophrenia, etc.):

Have you ever had convulsions, seizures, or blackouts? Yes No

List any allergies _____

Do you have heart disease, diabetes, epilepsy, respiratory disease, etc.?

Yes No

Do you have a Naltrexone Implant? Yes No

Give details _____

Do you have a doctor? Yes No

Doctor name _____

Phone (____) _____ Fax (____) _____

Do you have medical insurance? Yes No

Insurance Company _____

Phone (____) _____ Fax (____) _____

Policy Number _____

Sign here to give permission to Hebron Colony to consult with your doctor, insurance company, or health department about your medical situation:

Sign: _____ Date: _____

Legal Issues

Probation Officer Consulted? ___/___/___	<i>For office use only</i>
Notes: _____	
Attorney Consulted? ___/___/___	
Notes: _____	
Admission Director's Signature: _____	
Student: First Name _____ Last Name _____	

List all pending court dates, jail terms, charges, etc.:

Are you ordered by the court to enroll in this program? Yes No

Are you under bond? Yes No County & State _____

Are you a registered sex offender? Yes No

Do you have a Probation Officer? Yes No

Probation Officer's Name _____

Phone (____) _____ Fax (____) _____

Do you have an attorney? Yes No

Attorney's Name _____

Phone (____) _____ Fax (____) _____

Sign here to authorize Hebron Colony to consult with your Probation Officer and/or your attorney regarding your legal situations:

Sign your name _____ Date _____

Mail to: Hebron Colony Ministries, Inc.
356 Old Turnpike Road
Boone, NC 28607

Conditions of this Application

- I agree to be drug and alcohol free (clean) on the day that I arrive at Hebron. Furthermore, I understand that I will be drug/alcohol tested upon my arrival. A positive test result will terminate any current admissions agreement and I will not be permitted to remain at Hebron Colony at that time.
- I indicate that I am coming on my own free will.
- I agree to cooperate in the work program and abide by all rules.
- I do assume risks that might be incidental to my stay.
- I do hereby for heirs, executors, my administrators, myself or any representatives, release and relinquish forever, any and all claims of any nature whatsoever against Hebron Colony Ministries, Inc. that may arise out of or in connection with my stay at Hebron Colony.
- I also give Hebron Colony Ministries, Inc. permission to share my records as deemed necessary.

My signature indicates that I have read or have had read to me, and that I accept the conditions of this application.

Signed: _____ Date: _____

Mail to: Hebron Colony Ministries, Inc.
356 Old Turnpike Road
Boone, NC 28607

Updated 05/13/2020

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EACH STUDENT IS REQUIRED TO HAVE A SPONSOR

Listed below are the responsibilities of a sponsor:

1. Assuring the student has completed the necessary medical tests/procedures:
 - a. All applicants are required to be tested for HIV, Tuberculosis, and Hepatitis C.
 - b. All applicants are required to have a Flu Shot (Oct. 1 - Mar. 31 Admissions)

2. Assuring the student has **transportation** to and from Hebron Colony Ministries. If a situation arises in which the student can not or does not desire to complete the program, the sponsor is ultimately responsible for picking him up or arranging for same. If this transportation agreement is not honored, Hebron Colony reserves the right to use funding from the medical deposit to provide hotel or bus transportation for the student in the event of an unscheduled departure.

3. Assuring that a three hundred dollar (\$300.00) **medical deposit** is mailed in with the application or being brought in on the day of admission. This is for the student's use should he require medical assistance while at Hebron Colony Ministries (doctor/dental care, prescription medicine, etc.). Deducted will be a **non-refundable** processing fee of \$25. At no time during a student's stay is this medical deposit to be used for anything other than medical expenses. The remaining portion of the deposit will be returned to the giver upon leaving the program.

4. Assuring that no **alcohol or drugs** are in the student's belongings upon arrival.

5. Assuring that the student has all **needed items** such as clothing, linens, personal items, etc.

6. Assuring that the student brings any proper/necessary **prescription drugs or written prescriptions**.

7. Assuring that the student arrives drug and alcohol free (clean). The student will be drug/alcohol tested upon arrival. A positive test result will **terminate** any current admissions agreement and the student will not be permitted to remain at Hebron Colony at that time. The student may reapply once the admissions requirements are fulfilled. It is the responsibility of the sponsor to provide transportation from Hebron Colony.

SPONSOR'S SIGNATURE

RELATIONSHIP TO STUDENT

TELEPHONE#

DATE

What to bring with you to Hebron Colony

- \$300 Medical Deposit (Cash or Money Orders only - No personal checks)

- Since your living space is limited, do not bring more than 2 pieces of luggage, not including bedding or towels, etc.

- Phone card, if you wish to make any calls (only after 2 weeks into the program)
- Clothes:
 - Blue jeans, shorts & athletic shoes are acceptable, except for Sunday morning.
 - Provocative or tight fitting clothes are prohibited for students & their guests.
 - Cold weather items, in winter. (coat, hat, gloves, boots, etc.)
 - Work clothes & shoes, **shirt, tie & pants for Sunday.**
 - Don't bring too many clothes, because storage space is small, but bring enough to make it for a week between washings.
 - Clothes hangers.
- Pencil, pen, and a Bible.
- Alarm clock (not with radio)
- Twin size bed linens: 2 fitted, 2 flat, 2 pillow cases, pillow, and blanket.
- Hard Plastic Laundry Basket.
- Four towels and washcloths.
- Personal items (soap, tissues, deodorant, etc.) (no alcohol containing liquid products).
- Large Plastic Cup with Lid.
- A good attitude.
- A willingness to work, whatever jobs are assigned to you.
- Prescription medications must be in the student's name and include enough refills for 70 days.

What NOT to bring with you

- Vehicles, bicycles, skate boards, etc.
- Alcohol-based **liquid** products of any kind; gels or creams are okay.
- Cologne or body sprays ('ACTS', 'Tags', etc.)
- Personal electronic devices, including cell phones and iPods.
- Pornography of any kind.
- Weapons, drugs, alcohol and other obviously prohibited items or substances
- No reading material unless Christ-centered.

Optional

- Fishing gear
- Softball gear
- Instruments

Pre-Admission Blood Test Report

This form is to be submitted to your health care provider (doctor, clinic or Health Department), and then faxed directly to Hebron Colony by them.

_____ has applied for entrance into the Hebron Colony ten week drug and alcohol rehabilitation program.

Instructions: Please complete in full, then fax directly, with your agency's cover sheet, to Hebron Colony, at 828-963-4735.

Test	Results/Comments/Recommendations
HIV	
PPD (TB)	
HEPATITIS C	

All students entering the program from
October 1 through March 31
are required to have a season flu shot.

We also recommend that you have an H1N1 flu shot if it is available.

**DO NOT WAIT ON LAB RESULTS.
SEND APPLICATION IMMEDIATELY.**

RETURN WITH TEST RESULTS

Pre-Admission Molecular Covid-19 Test Report

This form is to be submitted to your Counties Health Department or your local Covid-19 testing center and then the results faxed, from them directly to Hebron Colony Ministries.

_____ has applied for entrance into Hebron Colony Ministries a ten week drug and alcohol rehabilitation program.

Instructions: Please complete and fax directly, with your agency's cover sheet to Hebron Colony Ministries at: fax # (828) 963-4735. Office # (828) 963-4842

Please submit this testing request (to your testing provider) 72hrs prior to your entrance date and then self quarantine until coming for entrance. Expect a call from our Admission Director on Friday 24hrs before your entrance on Saturday.

Full name on test:

_____ /

Molecular Covid-19 Test Result:

_____ /

Signature of Testing Provider:

Date:

Please fax results to Hebron Colony Ministries by 4:00pm on Friday: fax # (828) 963-4735

RETURN WITH MOLECULAR TEST RESULTS