

This discipleship program exists to help men make the transition from incarceration back into the community. We provide housing in a Christian family setting and will assist you in finding a mentor, a Christian church and employment. Through mandatory programs and fellowshipping we will also assist you in strengthening your spiritual walk with Jesus Christ. You need to bring to this program a commitment to change and total honesty.

**\*\*\*Please note, effective 1/1/2017, Bethel Ministries homes will be tobacco free zones.\*\*\***

**CRITERIA FOR ACCEPTANCE**

1. You must have a sincere desire to change your life through the power of Jesus Christ.

2. You must have been clean and sober for a period of at least 30 days.

3. Applicants must be willing to become involved in a mentored relationship to build support.

4. Applicants must be willing to abide by Bethel house rules and probation and parole rules.

5. Applicants must be willing to do assigned work in the house, neighborhood and/or community.

6. Applicants must be willing to adhere to money management requirements which are specifically outlined in the house rules.

7. Applicants must commit to a minimum of 6 months residency.

8. Prior to final acceptance into the discipleship program, all applicants must have a current social security card, current driver’s license and/or a copy of their birth certificate and a statement of medical needs which includes a list of prescription drugs and dosages required. (Please contact your counselor for assistance with these requirements.)

All applications that do not meet these criteria will be denied. Incomplete applications will be returned.

Please complete the following application and return it to:

**Bethel Ministries**

**C/O Rob Lee**

**P.O.Box 44106**

**Boise, Id 83711-0106**

APPLICATION FOR DISCIPLESHIP HOUSE

Bethel Ministries, Inc. P.O. Box 44106 Boise, Idaho 83711-0106

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height \_\_\_\_\_\_\_\_\_Weight \_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drivers License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_Expires \_\_\_\_\_\_\_\_\_\_

Closest Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

High School Graduate? Yes \_\_\_No\_\_\_ GED\_\_\_ College # of years \_\_\_Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Business/Trade/Technical School Address

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**Employment**

Please list your previous employers:

Employer Address Position Dates

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| --- | --- | --- | --- |
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**Current Status**

Are you currently incarcerated? Location: \_\_ ISCI \_\_ SICI \_\_ IMSI \_\_ ICC \_\_ICIO Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parole Eligible Date \_\_\_\_\_\_\_\_\_\_\_\_ Full Term Release Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next hearing date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parole/Probation Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDOC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prior Convictions | Date of Conviction | Date of Release | County | State |
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Briefly explain why you are currently incarcerated:

|  |
| --- |
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|  |

**MEDICAL HISTORY**

Do you have any physical disabilities that limit your ability to do certain types of work?

If yes please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of medications you currently take, including prescribed dosage:

|  |  |
| --- | --- |
| MEDICATION | DOSAGE |
|  |  |
|  |  |
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What type of pensions or benefits do you receive? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes currently attending and name of facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have or in the past have you had a problem with: Drugs\_\_\_ Alcohol\_\_\_ Other\_\_\_ Do you smoke?\_\_\_ Chew?\_\_\_

What do you feel is the most serious problem you have yet to overcome?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you connected to any church? \_\_\_\_\_\_Pastor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you committed your life to Christ?\_\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your own words, describe what happened and how you felt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand what is expected of you and are you willing to cooperate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the discipleship program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY AND HONESTLY**

(Use back of pages if necessary)

1. What is your Christian religious preference?

Catholic\_\_\_\_ Protestant\_\_\_\_\_ LDS\_\_\_\_\_ Other\_\_\_\_\_\_\_

2. What are your feelings about participating in a Biblically based program for self-improvement?

3. Briefly describe your family background. (Brothers, sisters, parents-married/divorced etc.)

4. Are you married? If so, what is your relationship with your wife?

5. Do you have children? If so, will you have custody or visitation of them?

6. What are your feelings about being incarcerated for the crimes you were convicted of?

7. Describe why you would like to live in a discipleship house and how you feel we could best help you.

8. What are your personal goals and hopes for the future?

9. What other self-improvement programs have you completed?

10. How helpful do you feel those programs have been and why?

11. Why do you want to participate in the Bethel Discipleship Program?

12. What do you hope to learn from this program?

13. Did you receive any disciplinary write-ups while you were incarcerated? If so, briefly describe what they were for.

14. What will you do if this application is temporarily delayed or rejected?

All the answers which I have provided in this application are both true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Sponsor (see *Criteria for Acceptance #4*)

**BETHEL MINISTRIES**

**House Rules**

These House Rules exist for the purpose of showing men a better way to live through the power of Jesus Christ. By following these rules we develop as disciples, holding ourselves and one another accountable.

1. This is a Christian operated home and environment. Participants in this discipleship program are required to be present and on time for all assigned classes, house meetings, house meals, devotional periods and all other assigned activities. In addition, all residents are required to attend a full gospel, Bible believing, Christ-centered church on a weekly basis.
2. All residents are to remain drug and alcohol-free while a resident of the discipleship house. This is a zero tolerance policy and we reserve the right to require testing for drug and/or alcohol use at any time without notice. Failure to comply with testing will be viewed as a positive result and appropriate action will be taken. If you are found to be using, or in possession of any drug or alcoholic beverage, you will be asked to leave the program until a meeting can be arranged with the leadership council or a representative thereof, your mentor and your parole/probation officer.
3. In addition to our requirement that you be drug/alcohol free, it is our desire that you be free from all addictions. Tobacco possession or use is not permitted inside or on the property of any Bethel houses.
4. We desire that residents use the program to concentrate on discipleship in Christ and learning to deal with the world in a positive way. Before obtaining cell phones and vehicles, each resident must meet ALL financial obligation and must seek wise counsel. Residents are strongly discouraged from impulsively attaining debt.
5. All residents are required to be productively employed as soon as possible, and/or involved in volunteer or ministry activities previously approved by the leadership council.
6. Residents must complete assigned household chores by noon on Saturday unless a different time is designated by the House Coordinator.
7. All visiting will occur in the front room, dining room or outside. No visitors will be allowed in residents’ rooms. All visits are subject to the House Coordinators’ approval. All visiting will be completed by 10:00 pm unless permission for an extension to 11:00 pm is granted by the house coordinator.
8. All requests for staying out past personal curfew or for weekend passes must be submitted for approval to House Coordinator at least 48 hours in advance. There will be no unapproved overnight guests permitted at any Bethel Ministries House.
9. Common courtesy dictates that lights in shared rooms will be turned out by 10:30 pm. All residents must be in the house by 10:00 pm. Upon entering the program all residents curfew will be 8:30 for the first three months. Curfew extensions, in 30 minute increments, can be approved by the leadership counsel upon the residents request to their house coordinator. Approvals are based on time in the program and overall performance in adhering to the Bethel requirements. Residents should not expect their normal curfew to extend past 10:00 pm. But exceptions can be made for special events. Under no circumstance should a resident believe that extension of their Bethel curfew is binding on probation and parole imposed curfews. Curfews may be changed at the discretion of the Leadership Counsel, Director of Operations, or House Coordinator to deal with disciplinary issues.
10. All personal items are to be stored in residents’ bedrooms in a neat and orderly fashion.
11. Residents’ rooms must be kept in a neat and orderly fashion.
12. Laundry facilities are available during the hours of 8:00 am – 10:00 pm.

1. Showers will be available between 5:30 am and 10:30 pm.
2. No towels are to be left in the bathrooms. All personal toiletries or any other personal items are to be stored in areas provided.
3. If you are unemployed you may not view television between the hours of 8:00 am and 5:30 pm. Movies and video games that are rated "R" or "M" are not allowed. Movies or video games that are not rated “R” or “M” but contain sexual content or nudity are not allowed.
4. The House stereo is for Christian music or programs, without exception. Out of courtesy to others please use low volume or headphones when listening to personal radio or stereo. CD's with a "parental advisory" or "explicit lyrics" warning are not allowed.
5. The House computers, if provided, are for educational and employment use only.
6. The last person leaving the House is responsible for turning off lights, appliances, computers, stereos and televisions in common areas, and for locking the exit doors.
7. The House phone is primarily for employment search activity between the hours of 8 AM and 5:30 PM. No other phones will be installed for personal use. Limit calls to 10 minutes and no more than two calls in succession. House coordinators may prohibit the use of phones for excessive or abusive use of the phone.
8. No gambling will be permitted. Gambling includes, but is not limited to: lottery, race track, casino, cards, and dice, pull-tab or sporting events.
9. No fighting, arguments, abusive or filthy language or threats will be tolerated towards another resident or another person.
10. There will be no loans, sales of personal property or bartering between residents.
11. No pornographic or sexually suggestive material will be permitted at anytime, anywhere on or around the grounds. Any such material found will be confiscated and provided to your parole/probation officer.

1. Program Fees:

Upon entry into the discipleship program, $1160.00 is due from each resident. The Idaho Department of Corrections may have funds which can, upon approval of a transitional funds application, pay the entire $1160.00 to Bethel Ministries. Without approval of transition funds, the applicants are responsible for paying the $1160.00 themselves.

Monthly program fees for the remaining 5 months are $400 per month for residents. These program fees pay for shelter, some food, utilities, and household expenses for one month.

1. Money management requirements:

Residents will, upon receipt of any check or other form of compensation, submit their check or the funds to the financial officer. Under no circumstances will a resident cash a check or other instrument of payment. The financial officer will assist residents by creating a budget for them to ensure that they stay current on all obligations to include cost of supervision, restitution, child support, program fees, etc. In addition, this budget will include a 10% tithe and 20% to personal savings.

1. Tithing: Shall be to a ministry such as Bethel or a church which is ministering to your spiritual growth and development.
2. Transition savings: the 20% savings is to help ensure that residents will have transition funds available when they complete the Bethel program and decide to move out. Therefore transition savings accounts will not be transferred to the resident while living at any Bethel House.
3. Personal savings: Residents are encouraged to save more than the required 20% which can be withdrawn for emergencies as well as other savings goals such as a vehicle.

1. Relationships:

Residents are discouraged from entering into romantic relationships during the 6 month discipleship program. Should a resident become involved in such a relationship, the parties involved in the relationship will both be required to attend relationship counseling and/or classes as directed by the Director of Operations.

1. Violations:

Violations of any of the foregoing House Rules or violations of the terms or conditions of Parole or Probation will lead to disciplinary action and may result in expulsion. In addition, unethical or unbiblical conduct may also result in expulsion.

I have read the above 27 rules and agree to follow them while a resident in the discipleship program. I will also sign and commit to a Covenant Agreement containing all of these conditions and rules stated herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Signature

**Goals & Objectives**

I. **DEFINE** What Matters Most

II. **PLAN** What Matters Most

III. **ACT** in accordance with What Matters Most

List your personal goals after release. Goals need to be specific and tangible.

Examples: memorize 20 scripture verses, $200 in savings account, stop smoking, enroll in college, read entire New Testament, pay off restitution, etc.

**30 Day Goals:**

1. Choose a Mentor

2. Find a Church

3. Get a Job

4.

5.

6.

7.

**90 Day Goals:**

1.

2.

3.

**6 Months Goals:**

1.

2.

3.

Continue with more if you wish.

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



P.O. Box 44106

Boise, ID 83711-0106

**AUTHORIZATION TO RELEASE INFORMATION**

Name: Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (MI)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned does hereby authorize the release and dissemination of any and all information concerning the undersigned, which is either furnished by the undersigned or discovered through independent investigation to any of the following persons or organizations:

1. All rehabilitation agencies, including Federal, State, and private

a. For information concerning drug treatment

b. For information concerning alcohol treatment

2. Doctors, psychiatrists, psychologists, and counselors

a. Summary of medical records

b. Results of mental evaluation(s)

3. All courts and their personnel

4. Prosecution and defense attorneys

5. State Department of Correction

6. Commission for Pardons and Parole

7. Any other person(s) or organizations involved or consulted in the disposition of any charges pending against me.

**Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Name of Applicant—**PRINT CLEARLY

**\_ Witness\Title** (counselor, pastor, attorney, etc.)