

**VENTURES IN PEACE APPLICATION FOR PROSPECTIVE RESIDENT**

Resident's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_

US Citizen? \_\_\_\_\_ If not, what is your citizenship? \_\_\_\_\_

How did you hear about Ventures in Peace? \_\_\_\_\_

Will you be able to physically participate in all aspects of the Ventures in Peace transition program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain.

Have you ever been under any psychological or psychiatric supervision?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please summarize, including dates, duration, treatment, and outcome.

Have you ever had educational assessment or evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please summarize, including dates, duration, and outcome.

Have drugs or alcohol ever created a conflict in your life?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list the name of the drug(s) and frequency of usage.

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.

**FAMILY INFORMATION**

Parents \_\_\_\_\_

Married \_\_\_\_\_ Divorced (if so, date \_\_\_\_\_) Domestic Partners \_\_\_\_\_ Widowed \_\_\_\_\_

Step-mother's name \_\_\_\_\_ Step-father's name \_\_\_\_\_

Are you adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Do you communicate with your birth parents?

\_\_\_\_\_

Please list all siblings in chronological order starting with the eldest. Include yourself in the list.

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Full/Step/Half</u>	<u>Where do they live?</u>
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Please list any other family members and/or adults that currently have a positive impact in your life:

<u>Name</u>	<u>Relationship</u>	<u>Where do they live?</u>
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Please briefly explain any other pertinent family information or history that would be helpful for us to know in working with you:

**EDUCATIONAL INFORMATION**

Have you completed High School? Yes \_\_\_\_\_ No \_\_\_\_\_ GED \_\_\_\_\_  
(If so, please enclose copy of final transcript or certificate).

Are you currently enrolled in school/college? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, please enclose a copy of your current schedule and most recent transcript).

Have you taken any standardized tests? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If so, please indicate which tests you have taken with the dates and scores).

PSAT \_\_\_\_\_ SAT \_\_\_\_\_ PACT \_\_\_\_\_

ACT \_\_\_\_\_

Please list all schools you have attended in the last four years with the most recent listed first. Include colleges or other relevant educational programs.

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Grade Level</u>	<u>Reason for Change</u>

Please list any issues regarding your education, learning style, or academic history that would be helpful for us to know in working with you:

## RESIDENT CONTRACT

As a resident of Ventures in Peace, LLC, I agree to the following agreements:

1. I will fully participate in the curriculum of the program.
2. I will not use or store any alcohol or tobacco products or illegal drugs while enrolled at VIP.
3. I will not abuse non-prescription drugs while enrolled at VIP.
4. I agree to be screened for drug use and have my belongings searched when requested.
5. I will abstain from sexual activities and dating relationships while enrolled in VIP until such time when I can demonstrate a level of responsibility that allows me to modify this agreement with the Directors of VIP.
6. I understand that it is inappropriate to date or have intimate relations with any other VIP resident.
7. I will assist with the day to day cleaning and maintenance of the house and property.
8. I will abstain from violence or threats of violence.
9. I will not acquire or harbor weapons of any kind while enrolled at VIP.
10. I will abide by the laws of the community.
11. VIP is not responsible for any lost, stolen, or damaged personal property during my enrollment.
12. It is my intention to complete the entire program.

I understand that if I do not uphold the agreements at VIP, it may constitute grounds for expulsion.

Dated \_\_\_\_\_

Print Name \_\_\_\_\_

Resident Signature \_\_\_\_\_

VIP does not discriminate on the basis of race, creed, sex, sexual orientation, or ethnic background in its admission policies, programs, educational policies, or any other aspects of the program.

## RELEASE STATEMENTS

*Please initial on the lines next to each release statement and sign below.*

\_\_\_\_\_ **Release of Liability**

I am aware that Ventures in Peace, LLC, in addition to the academic and personal development curriculum, general athletic and vocational training, operates recreational activities including, but not limited to, downhill and cross-country skiing, camping, climbing, canoeing, kayaking, hiking, wilderness backpacking, horseback riding, biking, and various aquatic activities. I am further aware that there are substantial risks inherent in these activities. I hereby release Ventures in Peace, LLC, its directors, employees, representatives, and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any or all activities and operations of the program.

\_\_\_\_\_ **Release of Information**

I authorize any employee or representative of Ventures in Peace, LLC to request and receive medical, psychological, dental, and educational records in any form. I also authorize representatives designated by Ventures in Peace, LLC to speak with teachers, college counseling staff, and therapists about issues they deem relevant to my participation in the Ventures in Peace program and any other continuing education.

This authorization shall remain valid from the date of my signature for a period of two years, or until my enrollment at Ventures in Peace, LLC is terminated.

\_\_\_\_\_ **Release of Information - Continuing Education**

I authorize representatives designated by Ventures in Peace, LLC to receive grades, attendance records, and evaluations stemming from my enrollment in any high school, distance learning courses, vocational classes, and colleges or universities.

\_\_\_\_\_ **Media Release**

I grant permission to Ventures in Peace to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes.

I have read these Releases and understand all of the terms. I sign these Releases voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

Dated \_\_\_\_\_

Print Name \_\_\_\_\_

Resident Signature \_\_\_\_\_