



**ReUnite**  
MINISTRIES

REDEEMING MOTHERS. RESTORING FAMILIES.



ReUnite Ministries  
PARTICIPANT APPLICATION

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

Applicant's Name: \_\_\_\_\_

Are you filling this out for someone else? [ ] YES [ ] NO

If so, what is your name? \_\_\_\_\_

Name of referring organization, if applicable? \_\_\_\_\_

Where do you live? [ ] Apartment [ ] Mobile home/trailer [ ] House [ ] Shelter [ ] Treatment facility/Sober living facility

Name of treatment facility/sober living facility (if applicable) \_\_\_\_\_

What is your street address? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived there? Months \_\_\_\_\_ Years \_\_\_\_\_

What is your phone number at home? \_\_\_\_\_

What is your cell phone number? \_\_\_\_\_

What is your email address and Facebook names? \_\_\_\_\_

What is your birth date? \_\_\_\_\_

Do you have a current drivers' license? [ ] YES [ ] NO

What is your drivers' license number? \_\_\_\_\_

Marital Status: [ ] single [ ] separated/divorced [ ] married [ ] widowed

Who lives in the same house you do?

NAME

AGE

RELATIONSHIP TO YOU

\_\_\_\_\_

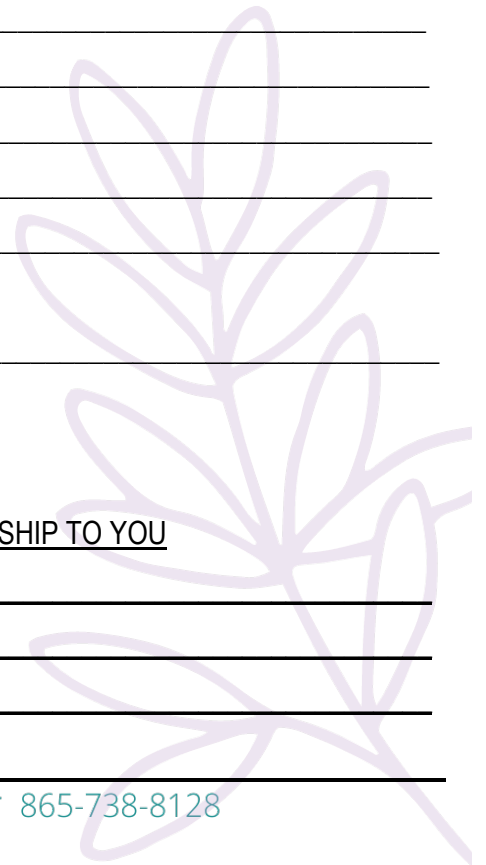
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3419 E Lamar Alexander Pkwy, Maryville, TN 37804 \* 865-738-8128

reunite@riorevolution.com



What is the last grade of school you finished? \_\_\_\_\_

Did you graduate? [ ] YES [ ] NO [ ] N/A

What training programs have you attended or completed? Date completed? \_\_\_\_\_

Where have you worked? Include dates, please. \_\_\_\_\_

Of all your jobs, which one did you like the best? Why? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How can ReUnite Ministries help you? \_\_\_\_\_

Do you have any form of income? If so, where does it come from? \_\_\_\_\_

Do you attend church? [ ] YES [ ] NO If so, where? \_\_\_\_\_

Who is your pastor / priest / rabbi? \_\_\_\_\_

Are you currently being treated for any physical or mental/emotional illnesses? [ ] YES [ ] NO

If so, what illnesses and what medications have you been prescribed? \_\_\_\_\_

What do you like to do? Please list any hobbies, interests, or skills. \_\_\_\_\_

Signature of Applicant: