



APPLICATION FOR RESIDENCY

Personal information and background: Please complete this section as thoroughly as possible. Use back of form if more space is needed.

Please carefully and thoroughly read all the guidelines found online before beginning this application. Any applicant is committing to full adherence to the guidelines as set forth by the board of directors.

Full name of applicant: _____

Date of birth: _____ - _____ - _____

1. To the best of your ability, please give your personal testimony (how you were born again) and Statement of Faith (what you believe about the Bible and Jesus Christ). _____

2. Name of residential recovery program / facility you have completed. **Please include entry date, graduation date, and date you left the program if not still residing there.** (Applicants who have not completed any type of program, if accepted, will be under certain restrictions and limited privileges for the first 45-days of residency.) _____

3. How long have you been ***completely sober*** from all drugs, alcohol, or addictive substances? _____

4. Why would you like to become a part of the Hope Springs community? What are some of the goals you would like to achieve while a part of the community? _____

- **Applicants who have completed a substance abuse treatment program within the last 12-months will have priority status for acceptance. Applicants who have not graduated from any program or have less than a year of sobriety at the time of entry, will be subject to certain restrictions and limitations of privileges for a minimum of 45-days after entry.**
- **A registration fee of \$125 is due upon day of entry into the program. If you are unable to meet that fee, it will be deducted from any wages that you receive (along with rent) once you are employed.**
- **Before acceptance into the program, two letters of referral and/or recommendation from a trusted pastor, sponsor, counselor, or other individual who can vouch for your character and commitment to sobriety must be mailed to the address below or emailed to: info@HopeSpringsNC.org.**

PLEASE RETURN THIS COMPLETED APPLICATION TO:

**Hope Springs Eternal, Inc.
c/o Pastor Aaron Bridges
PO Box 801
Bryson City, NC, 28713**