



# Rock Solid Refuge Application Form

## How to Apply:

Read the Rock Solid Hand Book. Fill out the application form and mail it to the address at the bottom of the form. Have a doctor fill out the pre-entrance medical exam form and include it with the application form. The directors will need to have an interview with the applicant and his parents/guardian before acceptance to the program is granted. Rock Solid staff will contact you and set up an interview time.

Instructions: Please print clearly.

- Give full and complete answers to all questions after you have read the "Rock Solid Hand Book". Misleading or incomplete information will jeopardize your application/admittance to the program. If questions are not applicable please enter N/A. Please mail the form to the address indicated at the bottom of the form.
- There is a suggested \$500 entrance fee for each student. Rock Solid Refuge has a sponsorship program available for any student needing financial assistance.

First Name:	Middle:	Last:
Current Address:		City/Town:
Postal Code:		Phone #: (     )
Date of Birth (m/d/y):		Last grade completed:
Parent/guardian:		
Their home phone#:(     )	Work:(     )	Cell:(     )
Their address:		City/Town:
Health Card #:		Province of Heath Card:
Health Insurance Company (ie. Blue Cross):		Health Ins. Policy #:
Place of birth:		
Are you a Canadian citizen or Landed Immigrant?		
Height:	Weight:	Age:
Who referred you to us?		Phone #: (     )
Describe your lifestyle concerning drugs and alcohol during the past six months.		
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Do you have, or have you ever had, a psychiatric condition?		
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Name of psychiatrist or prescribing doctor: _____		
Phone #: (     )		
Do you have a history of violence? Please give details.		
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Are you currently in juvenile detention? If yes, why are you there and when will you be released?		
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If in juvenile detention, what is the name and address of the institution?		
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Do you have any court cases pending? If yes, what for? _____		
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Are there any outstanding warrants for your arrest? If yes, what for? \_\_\_\_\_

Is there a restraining order against you? Explain \_\_\_\_\_

Please mention any other information we should know about you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After reading the "Rock Solid Hand Book", please initial each statement to verify that you fully understand and are in agreement with the following:

AGREEMENTS	INITIAL
1. I understand that Rock Solid Refuge is a one year program.	
2. I understand that Rock Solid believes in a Christ centered approach where the primary goal is a student's wholeness through the power of God.	
3. I understand that Rock Solid Refuge is an interdenominational faith-based program.	
4. I agree to participate in daily Christian classes.	
5. I agree to participate in daily manual labor as part of the work detail program.	
6. I agree to participate in one-on-one counseling and will cooperate fully as a student in the program.	
7. I agree to fully participate in the organized recreation program as part of my physical exercise training.	
8. I understand that Rock Solid Refuge expects teens to quit all drugs and alcohol cold turkey.	
9. I understand that Rock Solid Refuge's policy is no smoking, no fighting, no girlfriends, and that clothing must be modest to our expectations, and that phone calls, visits, music, and television are extremely limited, and that all mail is screened. Further, that teens communication via phone, mail, visits must be approved in advance.	
10. I understand that there is a high emphasis on rules, structure, and discipline and I agree to fully cooperate with the program.	
11. I have provided the information in this application voluntarily and confirm that it is accurate and truthful to the best of my knowledge. I authorize Rock Solid Refuge Inc., their staff, and other persons approved by them as to use the information provided in any manner deemed reasonable by them in their sole discretion for purposes of the program(s) administered by them. I agree not to hold Rock Solid Refuge Inc. responsible for any inadvertent release of such information to third parties.	



# Pre-Entrance Medical Exam

(To be completed by your physician)

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Card Number \_\_\_\_\_ Version Code \_\_\_\_\_ Province \_\_\_\_\_

1. The following blood work **MUST** be completed prior to entrance into the program:

HIV \_\_\_\_\_ Liver Function\* \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Hepatitis C \_\_\_\_\_

\*ALT, AST, GGT, ALK Phosphatase, Total Bilirubin (NOTE: Students prepare food in kitchen)

2. Tetanus Shot current: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last shot: \_\_\_\_\_

3. Does the applicant currently suffer from any of the following mental illnesses?

Schizophrenia \_\_\_\_\_ Bi-Polar Disease \_\_\_\_\_ Other \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

4. Does the applicant regularly need medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medications, and for what reason? Can the applicant function with out them?

\_\_\_\_\_

5. Does the applicant currently suffer from any of the following?

Diabetes \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Heart Problems \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have any physical limitations that would hinder him from doing normal manual labor? If yes, explain \_\_\_\_\_

\_\_\_\_\_

7. Are you this applicant's regular attending physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send form to: **Rock Solid Refuge Inc.**  
Box 1622  
Shaunavon, SK.  
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