



# Application For Membership in The Harvest House

1732 Hope St.  
**Hannibal, MO 63401**  
 Phone: (573) 693-7365

20. Have you ever been convicted of a felony? **Yes** or **No** If "Yes" please list *(make list as complete as possible)*

21. Are you currently on Probation/Parole? <b>Yes</b> or <b>No</b> If "Yes" What is the Name and Phone number of your officer?		22. What is you level of Education?		
<b>Name:</b>	<b>Phone Number:</b>	<b>Did not Graduate</b>	<b>High School/GED</b>	<b>College</b>
	( )			

22. Emergency Phone Numbers: *(List family doctor if you have one + 2 Family members or friends)*

Name and Address	Relationship	Phone Number
1.		
2.		
3.		

23. I realize that the Harvest House to which I am applying for residency is under GOD'S Harvesters and is a Christ Centered House and if I chose to seek residence I must follow GOD' S Harvesters Mission and rules, and can be exited if infractions occur. **(1)** I understand that signing this says that I understand The Harvest House is Christ Centered and I have a choice not to seek membership into said House. **(2)** I understand that The Harvest House is sober living and use of drugs or alcohol can/will be a reason to be exited from the House and you Probation & Parole Officer will be notified. **(3)** I understand that if I sign this form I agree to The Rules *(written or unwritten)* of the Harvest House and GOD'S Harvesters **(4)** I understand this form does not guarantee admittance into the Harvest House

24. Use this space for any additional relevant information:

25. I have read all of the material on this application form including the limitations set forth in item

26. I have also answered each question honestly and want to know Jesus Christ and achieve comfortable recovery from alcoholism and/or drug addiction without relapse

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

**For use by The Harvest House:**

Accepted: \_\_\_\_\_ Not Accepted: \_\_\_\_\_ Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_

Outstanding debt to the house: \$ \_\_\_\_\_ Date Repaid: \_\_\_\_\_

**Please complete both sides of this application**