

(Print and complete)  
**APPLICATION**



(Full) Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_, Birthplace \_\_\_\_\_

(Last Residence)

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_ cell, \_\_\_\_\_ home

Married? \_\_\_\_\_ Divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ Children? \_\_\_\_\_ Ages: \_\_\_\_\_

\*If divorced or separated, who has primary custody of minor children? \_\_\_\_\_

Coming to The Extra Mile from \_\_\_\_\_

Address /Location \_\_\_\_\_

Director's Name \_\_\_\_\_ phone : \_\_\_\_\_ office \_\_\_\_\_

How long have you been in this treatment center? \_\_\_\_\_ How many times have you been in treatment in your lifetime? \_\_\_\_\_ List where you have been in treatment before and list how long you stayed in each one:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY:**

Phone Numbers& Location of all Parents/ Guardians/ Wife/ Girlfriend , home, cell, office, beeper #'s:

\*Need as much information as possible

(example) : 662-871-9933      Peggy Smith      Lubbock, TX      Aunt

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, address and all phone numbers of person(s) paying your entry fee into The Extra Mile:

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Name of Probation Officer: \_\_\_\_\_ phone # \_\_\_\_\_

Probation Company Name and Mailing Address: \_\_\_\_\_

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What period of time will you be on probation? \_\_\_\_\_

What are you on probation for? \_\_\_\_\_

Have you ever been incarcerated? \_\_\_\_\_ If so, where and when and for what? \_\_\_\_\_

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Have you ever been charged (or) convicted of a violent felony?  yes  no

Have you ever been charged (or) convicted of a sex crime?  yes  no

Are you now (or) have you ever been a member of a gang? If so, which one? \_\_\_\_\_

Do you have any gang-related tattoos? \_\_\_\_\_ If yes, where and what symbols? \_\_\_\_\_

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List all charges, year charged, and what the outcome was (since age 18): \*Need all information

(example) : Petty Larceny      1983      3 weeks Clayton Co. Georgia jail & fines

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\*(if needed continue on separate sheet of paper and send with application)

Do you have a drivers' license? \_\_\_\_\_ From what state? \_\_\_\_\_ Current or expired? \_\_\_\_\_





Are you a Christian? \_\_\_\_\_ If yes, when were you Baptized? \_\_\_\_\_ What is your church denomination preference? (Baptist, Methodist, Catholic, etc?) \_\_\_\_\_

Are you interested in growing and learning more about faith, and spirituality? \_\_\_\_\_

If you are not a Christian, what is your belief system? \_\_\_\_\_

Do you have any relationship with a Higher Power at this time? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think living in a Clean / Sober community can help you in your recovery journey?

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to make a COMMITMENT to stay at least 6 months and sign a contract to that effect?

\_\_\_\_\_ (We are not a short stay facility)

Are you willing to be drug (and alcohol) tested at least 2 times/week? \_\_\_\_\_

Are you willing to attend NA/AA meetings on campus and off campus at least 3 to 5 times/week? \_\_\_\_\_

Are you willing to get along with housemates, share duties and chores, and abide by the rules and regulations of this program? \_\_\_\_\_

Do you understand that (any) use of drugs or alcohol will constitute immediate eviction from the residence and this program? \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**BE SURE YOU HAVE COMPLETED EACH PAGE OF QUESTIONS COMPLETELY BEFORE MAILING OR FAXING.** Applications that are not completely filled out will not be considered.

Mail (or Fed Ex) to: Applications, THE EXTRA MILE, 200 North Spring St., Tupelo, MS 38804

(or) FAX to: 662-841-9373

\*\*If you have questions, please call 662 397-2854-cell

REQUIRED BOOD TESTS: TB, HEP A-B-C, HIV  
\*when results are in FAX to 662 841-9373