



STRIVE®



Samaritan Ministry Retreat Application

December 18-20, 2020

Please answer every question honestly and completely to the best of your ability.

Have you ever attended this retreat? YES _____ NO _____

Today's Date _____ Last Four Digits of your SS#: _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Cell and Home Numbers: _____

Name of Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

Does This Person Know of Your HIV Status? Yes _____ No _____

Email Address: _____

How Do You Identify?

Male _____ Female _____ GenderQuestioning _____ GenderQueer _____

What is your Current Income per month? _____

Where Does this Income Come From (circle all that apply)?

Employment SSI SSDI Worker's Comp Unemployment Other _____

Do you Smoke Tobacco? Yes _____ No _____

Do you Smoke Medical Marijuana? Yes _____ No _____

Do You Currently Use any Illegal Drugs? Yes _____ No _____

Your Diagnosis is: HIV _____ AIDS _____

Do You Have (or Have You Ever Had) Any Other Diagnoses? Yes _____ No _____

If Yes, What Are They? _____

You Consider Your health to be: Excellent _____ Good _____ Fair _____ Poor _____

Do You Have Any Special Medical or Dietary Needs? Yes _____ No _____

If Yes, What Are They? _____

Physician's Name and Phone Number _____

Please List ALL of the Medications You Are Currently Taking and Circle Which One(s) Need to be Refrigerated:

How Did You Learn About this Retreat? _____

Have You Ever Been on a Retreat Before with Samaritan Ministry? Yes _____ No _____

What is your Current Source of Spiritual Strength? _____

Is There Anything else That You Wish to Share With Us That Will Help Us to Provide You with a Positive Retreat Experience? _____

Please note that limited transportation may be provided. Please indicate whether you will need transportation to and from the retreat _____

Pledge of Attitude and Actions During the Retreat:

I pledge that I will not use non-prescribed drugs or alcohol on the retreat or engage in any activities, attitudes, actions, or conversations that are disruptive to the retreat community (including smoking in non-designated areas). Further I pledge that I will participate fully in all scheduled activities of the retreat. I understand that should I violate this pledge I may be asked to leave the retreat and/or may not be invited to return for retreats in the future.

Name

Date

This application should be emailed to: nharrison@samaritanministry.org no later than NOVEMBER 29th to be considered.