



Fields of Hope - Fellowship Application

Full Name:

Date: _____

Current Address:

Phone: _____

Date of Birth: _____

Social Security Number: _____

Current Living Arrangements:

How did you hear about our Program?

Fields of Hope is a program specifically for survivors of commercial sexual exploitation. This means having sex in exchange for something of value, working in a strip club, working as an escort, involvement in prostitution or pornography. Do you believe you meet the qualifications?

Yes _____ No _____

If no or if you have questions, please contact FieldsofHope@oewm.net to discuss. You can also call 877-284-2877.

Counselor contact information:

Name: _____

Name of Agency: _____

Phone: _____

_____ I do not have a counselor but would like one.

Do you have transportation to and from the FOH site location?

Yes ___ No ___ If so, please list contact information for person bringing you:

Name: _____

Relationship: _____

Phone: _____

Medical Information

Do you have pre-existing medical conditions that we should know about? (allergies, asthma, heart problems, etc.)

How many times have you visited the doctor this year?

How many times have you visited the dentist?

Do you know of any illnesses that run in your family?

Do you feel that you need substance abuse counseling in addition to your weekly therapy?

Do you smoke? Do you have a desire to stop?

Tell Us About Yourself

Please answer to the best of your ability. There are no right or wrong answers.

Emotional Things

Do you feel depressed, sad, or tired a lot?

What do you do to cope with being depressed or sad?

Are you often lonely?

Do you think that you have a problem with anger or controlling your temper? What do you do when you are angry?

When you are angry at someone, would you talk to them to work it out or not?

Do you like or dislike being given advice? Explain.

How do you respond to people in authority positions over you?
(Teachers, parents, guardians, employers, etc.)

Are you anxious? Do you worry about things a lot?

Are you comfortable or uncomfortable in a crowd? Explain:

Do you have any fears/phobias/triggers? Explain:

Do you avoid getting close to others? Explain:

Do your moods change quickly? Explain:

What is your definition of "love"?

Do you feel that you are worthy of love? Explain:

How do you feel that you should be treated by someone who claims to love you?

What does a good day look like for you?

Are you willing to commit to a safety plan? This means having staff store items for you upon arrival at the FOH facility such as lighters, anything sharp, cell phones, mp3 and other electronic devices? This also means no visitors at the FOH site location, other than a ride by an approved contact.

Do you have any outstanding warrants?

Do you have an open case? If so, please indicate if this is a federal case or local.

Please list any upcoming court dates: _____

Do you feel like you are in danger? Do you think anyone is following you?

Are you currently on probation? _____

Do you have any gang affiliations? If so, please list: _____

Physical Things

What do you think about your physical appearance?

Do you have clothing that is approved by the FOH dress code to wear during your time at the FOH site? _____

Do you have any food allergies? _____

Have you ever done illegal drugs? Which ones? If so, are you still using?

Have you ever intentionally injured yourself (cutting, taking too many pills, etc.)?

Have you ever attempted to end your life? How? When was last attempt?

Are you currently taking any prescription or over-the-counter medications? If so, what kind and for what illness? Do they seem to help?

Spiritual things

What are your immediate thoughts when you hear the word “God”?

What are your immediate thoughts when you hear the name “Jesus”?

Have you had any past experience with any specific religion(s)?

School/Educational Things

What is your highest grade level completed?

If you never finished high school, we will be happy to assist you with obtaining a GED – would you be open to this?

Would you like to obtain a specific degree or technical/trade certification?
If so, in what field?

If you could have any career you wanted, what would that be?

What do you consider to be your strengths? _____

What do you consider to be your weaknesses? _____



