



Ark Refuge Ministry  
P.O. Box 1423  
La Grange, Ga. 30241  
706-845-0335

## Mission Statement

We, The Ark Refuge Ministries are committed first and foremost to serve God. And second, to seek the lost sheep of this world and bring them back into the folds.

### Matthew 18:11-14

"For the Son of man is come to save that which was lost. How think ye? If a man have an hundred sheep, and one of them be gone astray, doth he not leave the ninety and nine, and goeth into the mountains, and seeketh that which is gone astray?

And if so be that he find it, verily I say unto you, he rejoiceth more of that sheep, than of the ninety and nine which went not astray.

Even so it is not the will of your Father which is in heaven, that one of these little ones should perish.

We, The Ark Refuge Ministries, made a commitment to do these things with the help of the Lord. Through Christ, we know that all things are possible.

Wherefore, The Ark Refuge Ministries is committed to continue to seek and search.

**Ark Refuge Ministries of Georgia**  
**House Rules**

- (1). There will be no fighting.**
- (2). There will be no profanity**
- (3). There will be no smoking in any of the rooms, bathrooms, or hallways at any time. Designated smoking area only.**
- (4). There will be no food eaten in any of the rooms.**
- (5). Radios must be tuned to Christian Stations.**
- (6). Every resident will shower everyday. Anyone in the building during the day must be showered by 4:00 p.m. Showers close at 10:30 p.m. Proper attire must be worn in all common areas at all times.**
- (7). Resident is not allowed to borrow money or lend money.**
- (8). Gambling is not permitted on the premises.**
- (9). There will be no threatening of a resident or staff.**
- (10). There will be no horsing around in the building.**
- (11). Anyone caught stealing will be immediately terminated.**
- (12). There will be no drugs or alcohol on the premises.**
- (13). No personal phone calls. (Incoming or Outgoing).**
- (14). No one is allowed in anyone else's room for any reason.**
- (15). Ministry refrigerators are off limits to residents.**
- (16). You must check with office prior to leaving the premises.**
- (17). You must check with office upon returning to premises.**
- (18). Beds must be made.**
- (19). You must keep your room clean.**
- (20). You must clean the shower after you use it.**
- (21). Church attendance is mandatory for the duration of the program. We will attend Church and sit together as a group.**
- (22). Tithing and offering are mandatory.**
- (23). All residents of the Ark Refuge Ministries of Georgia are required to adhere to all Biblical Standards.**

**Wake Up**

**Monday-Friday.....5:00 a.m.**  
**Saturday-Sunday.....7:30 a.m.**

**Lights Out**

**Sunday-Thursday.....11:00 p.m.**  
**Friday-Saturday.....11:00 p.m.**

**Visitation**

**No visitation privileges for the first 30 days.**

**Saturday.....1:00 p.m. - 7:00 p.m.**

**All medications will be kept in the office and will be dispensed at mealtime by staff only.**

### **Transportation**

**Ministry vehicle will transport residents to and from work, hospital, church, store, calls, and other Ministry operations. All residents will be transported to work by ministry vehicles. You are required to stay at work site.**

**If you change job sites during the day, you must notify the office before changing the site. There will be no personally owned vehicles for the first six(6) months of the program.**

### **Relationships**

**Any residents coming into the program that is married will not be allowed to have visitors from females/males without written consent from their spouse. Residents not having a relationships when entering the program will not be allowed start a new relationship for the first six(6) months of the program.**

### **Passes**

**No passes. If you are married, you must present a marriage certificate in order to be approved for a pass.**

**There will be no passes authorized unless 2 administrators authorizes it.**

### **No Exceptions**

**All residents are required to adhere to all rules; any resident not following these rules will be reprimanded.**

**Drug testing will also be done on a random basis.**

**Date**

**General Information:**

**Full Name:**

**Social Security No.**

**Date of Birth:**

**Drivers License No.**

**Address:**

**City/State/Zip:**

**Telephone:**

**Do you have a valid drivers  
license?**

**Have you ever been here?**

**Medical Doctor:**

**Telephone and Address:**

**Medical History:**

**Medications:**

**In case of emergency:**

**Relationships:**

**Telephone No.**

**Signature:**



**Medical Statement**

**I**

**do accept responsibility for any and all inquires incurred by Myself while residing at the Ark Refuge Ministries of LaGrange, Georgia. I also accept responsibility for any and all medical bills from any accident.**

**Signature**

**Date**

**Witness**

# **Ark Refuge Ministries of Georgia Background Check**

**Date**

**Date Of:**

**Full Name:**

**Birthday:**

**Social Security Number:**

**License Number**

**I**

**give the Ark Refuge Ministries of Georgia permission to do a criminal background check upon  
entrance to the program.**

**Signature:**

**Date:**

**Witness:**

have voluntarily enrolled in, **Ark Refuge Ministries**. I understand that I am subject to the laws and regulations of the city and state of Georgia. I am aware that the use of transportation, housing, food, and other goods, services or activities in connection with participation in the **ARK** carries a risk of personal injuries, property damage or loss. Therefore, I hereby freely and without duress, execute this Release under the following terms.

1. **Waiver and Release.** I release and discharge **\_Ark Refuge Ministries**, its officers, directors, employees and legal representatives from liability or injury, damage or losses arising out of the arrangement or provision of transportation, housing, food and other services or goods, and voluntary activities involved with the **Ark Refuge Ministries**. also waive liability of and hold harmless **Ark Refuge Ministries\_** its officers, directors, employees and legal representatives for any injury I may suffer at **\_Ark Refuge Ministries\_** or on its grounds, including any property or bodily injuries or loss, caused by third persons.

2. **General Release.** Except as otherwise agreed to by **Ark Refuge Ministries** in writing, **Ark Refuge Ministries** does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. I also agree that in the even that I am unable to provide informed consent to emergency medical treatment, **\_Ark Refuge Ministries\_** is authorized to arrange for such treatment by a licensed physician, including calling 911 and/or transportation to the nearest available medical site.

3. **Photography Waiver and Release.** I understand that at any time, Ark Refuge Ministries may schedule events or related activities that may require me to be photographed. I agree to allow my phone, video, or film likeness to be used for any legitimate purpose by the ministry, event holders, producers, sponsors, organizers, and assigns. The waiver and release liability shall be construed broadly to provide the maximum extent permissible under applicable laws of the State of Georgia.

4. **Other:** I expressly agree that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue top be enforceable.

**Printed Name**

**Address**

**City/State/Zip**

**Phone**

**E-mail**

**Signature**

**Date**

**Witness Signature**

**Date**

**Ark Refuge Ministries of Georgia**  
**Consent to Administer Drug Urinalysis**

**I**

**give my consent to the Ark Refuge Ministries of Georgia to perform a drug urinalysis test on me. I fully understand that should these test results be positive, that I risk being terminated from the program.**

**Date Administrated**

**Signature of Resident**

**Signature of Person administering the test**

**Witness**

**Test Results:**

Signature

**You were advised of Results**

**Probation or Parole Information**

**Are you on Probation/  
Parole?**

**If so, what county?**

**What State?**

**What is the Phone  
Number?**

**What is your Probation/  
Parole Officer's Name?**

**" I understand that by signing this paper, I am freely giving any and all information and that the information is true and correct.**

**Signature**

**Date**

**Witness**

**List Atleast 10 Previous Medical History**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.