



Congratulations on taking this step toward recovery and rebuilding your life. We welcome and support your efforts.

This pre-admission Package contains two files and 6 six pages. This letter and the Standards & Information sheet is for you to keep. The other two pages called Application for Admission need to be filled out and sent to the John Volken Academy. Please answer every question clearly and accurately on the Application for Admission form. Then in the second file have your family doctor fill out the Pre-Admission Medical Evaluation form, and submit, fax or e-mail the form to apply@volken.org. Please contact us if you have any questions. Ultimately, we need the two pages from the Application for Admission and the two pages from the Pre-Admission Medical Evaluation. For more information on the John Volken Academy visit:

Website: <http://www.volken.org>

Facebook: <http://www.facebook.com/official/Johnvolkenacademy>

Youtube: <https://www.youtube.com/channel/UClmmPyPbszviJZT5AVeoQzA>

Canada	e-mail: apply@volken.org	PH# (604)592-2050	Fax# (778)591-6768
Washington	e-mail: apply@volken.org	PH# (253)859-2050	Fax# (778)591-6768
Arizona	e-mail: apply@volken.org	Ph# (480)895-1010	Fax# (778)591-6768

We are here to help!

Sincerely

John Volken
President

Standards & Information

It is a wonderful opportunity and a privilege to be accepted into the John Volken Academy. While the Program is structured around strict responsibilities, it also includes frequent outings, activities, education advancement opportunities, and other motivating and positive experiences. Some Program participants and guardians will find the Program restrictive. We understand this. However, the John Volken Academy is not a resort. We work with, and challenge, our students to become the best that they can be.

- 1 You will be accepted into the John Volken Academy only after you have made a **solemn commitment to stay in the Program until you are ready to graduate**. It is not a "quick-fix". The minimum length of the Program is 24 months, designed for life-long sobriety.
- 2 The John Volken Academy addresses **all aspects of successful living**. The program is balanced between addiction recovery, personal development, and career preparation.
- 3 You are expected to **accept guidance and instruction** from those in authority.
- 4 **To help you acquire a new lifestyle**, all activities need to be approved and are monitored. There is to be no pornography, violent material, hate literature, single player games, MP3's, individual radios, console games, cell phones, rough-housing, profanity, social media or "street" language. Internet needs special permission.
- 5 You, your belongings, and anything brought to the John Volken Academy, including mail, are **subject to inspection** at all times. Anything brought into the Academy is deemed to belong to the Academy.
- 6 **Everything brought into the Academy** must be pre-approved or requested by the Program Director or Case Manager. We are not responsible for any personal effects.
- 7 Everything you need is provided. **You are not allowed to have any money** except for "pocket money" given to you by the John Volken Academy during the latter part of the Program.
- 8 **No phone calls, mail, or visits** during first full 30 days. Mail, phone calls, and visits are introduced in stages and are monitored. Phone calls are 10 minutes, maximum 15 minutes. The cost of long distance calls is the student's responsibility.
- 9 **Gifts:** Anything received by you must be pre-approved. Items passed on to you will be at the discretion of the Program Director. Items requested must be sent "door to door". We cannot pick up parcels from carrier depots and we do not pay customs fees for international shipping.

10 **Payment** : _____ @ 7 _____ @ 7 _____
 _____ # _____ # ") _____ # _____ #

Application for Admission

- A. A TB test must have been performed within the last year.** The date of exam and results can either be faxed to our office or written in the space provided on the Pre-Admission Medical Evaluation.
- B. Medical Stabilization** -As we are not a medical facility, we require confirmation that you will be stable on any necessary medication. Any student who cannot meet Program participation standards without intensive psychiatric support or any drug replacement therapy may be dismissed.

When completed fax to **1(778) 591-6768** or email apply@volken.org.

Please Print Clearly

Location _____

Preferred: Vancouver Seattle Phoenix **Date:** _____
Day Month Year

Name: _____
First Middle Last Country

Address: _____
Apt # Street City State/Prov. PC/ZIP

Home Phone: _____ Mobile Phone: _____ Email: _____

Ok to speak to another member of household? Yes No Okay to Leave Message? Yes No

PHN/PHI# (Care Card): _____ Driver Lic. # _____ State/Prov: _____

Date of Birth: _____ Height: _____ Weight: _____ Martial Status: _____
Day Month Year

Do you have children Yes No if yes how many _____ What ages _____

Who has guardianship _____ Do you have Fully Custody Co-Custody

Longest period of abstinence: From: _____ TO: _____

Legal History/ Status

List all previous legal history, **including DUI**, even if cleared. _____

Name of legal Representative / lawyer. _____

How (all sources) did you hear about the John Volken Academy? _____

Emergency Contact Names:

FIRST NAME	LAST NAME	RELATIONSHIP	PHONE
ADDRESS		CITY PROV/STATE	ZIP/POSTAL CODE E-MAIL
FIRST NAME	LAST NAME	RELATIONSHIP	PHONE
ADDRESS		CITY PROV/STATE	ZIP/POSTAL CODE E-MAIL
FIRST NAME	LAST NAME	RELATIONSHIP	PHONE
ADDRESS		CITY PROV/STATE	ZIP/POSTAL CODE E-MAIL

Please bring the following items

- Weather appropriate clothing with no drug or alcohol ads or logos, nor with any racial, sexist, gang or homophobic propaganda on it
- Two pieces of photo ID Required
- While most medical cases are covered by Government plans, any medical requirements (including dental care) are your responsibility
- Passport and travel Documents (if outside the country)

Approved Clothing List Men:

- 9 pairs of socks
- 2 pairs of pajamas
- 1 pair of house slippers
- 1 pair of casual shoes
- 1 pair of dress shoes
- 1 pair of comfortable work shoes
- 1 pair of running shoes
- 7 sets of underwear
- 8 shirts
- 2 dress shirts
- 1 dress shirt and tie
- 1 sweatshirt or sweater
- 1 pair of exercise shorts or pants
- 1 pair of swim trunks
- 2 pairs of jeans
- 2 pairs of casual pants
- 1 pair of dress pants
- 1 belt
- 1 summer jacket or hoodie

- 1 winter jacket
- 1 head covering (hat or winter covering)
- 1 blank journal
- 1 Electric razor
- 1 Nail clipper

Women:

- 9 pairs of socks
- 2 pairs of pajamas
- 1 pair of house slippers
- 1 pair of casual shoes
- 1 pair of dress shoes
- 1 pair of running shoes
- 1 pair of comfortable work shoes
- 7 sets of underwear
- 3 bras (2 normal, 1 sport)
- 1 pair of nylons
- 2 undershirts or camisoles
- 1 one-piece swimsuit

- 1 dress shirt
- 1 pair of exercise shorts or pants
- 2 pairs of casual pants
- 2 pairs of jeans
- 1 pair of dress pants or skirt
- sweatshirt or sweater
- 1 dress
- 8 shirts
- 1 summer jacket or hoodie
- 1 winter jacket
- 1 head covering (hat or winter covering)
- 1 belt
- 1 blank journal
- 1 Nail clipper

P.S. in Arizona add 1 pair of quality work boots.

Additional Comments

I, _____ give consent to the John Volken Academy to receive, release and exchange information with any and all persons / agencies listed on this referral and any Health Authority employee.

Signature: _____ Date: _____
Day Month Year

*** Note: If the above consent is not signed, this application will not be processed add , a digital signature is acceptable.**