

# NARROW GATE

Dear Applicant,

Thank you for your interest in Narrow Gate. We are excited that you are considering the possibility of becoming a part of the Narrow Gate experience. Please complete the following pages of this application and return them to us using the information you will find at the end of the questionnaire.

If you choose to come, you will have an opportunity to choose a new way of living. You will learn how to live a passionate, contented life. Narrow Gate is not a quick fix...it will be a process...a journey to wisdom, purpose and true life.

This is a major decision for you. Please prayerfully consider all the guidelines and the vision of Narrow Gate. The key is that you want to change and are willing to listen to the counsel of those God places in your life.

We strongly recommend that you download and read the entire information packet that is available at our website before completing this application. The information contained therein will aid you in understanding what Narrow Gate is, how we approach our ministry and what will be expected of you as a participating student.

If you have any questions about the program, the application process or this packet, please feel free to call our Admissions Director, Eric Davis at 931-583-0633. He accepts calls on Monday 9am-4pm, Tuesday and Thursday 1-4pm or you may email him at [eric@narrowgatefoundation.org](mailto:eric@narrowgatefoundation.org)

We are looking forward to the possibility of sharing the next few months with you.

Sincerely,

Bill & Stacy Spencer  
Directors

## APPLICATION PROCESS

1. Applicant receives Informational Packet & Application (via web or mail)
2. Applicant completes Application (including commitments, expectations, medical info, and all release forms, etc.) \*Parents please don't complete any of these forms for your son. It's important that he fully participate in this entire process.
3. Applicant returns the application to Narrow Gate via mail or fax. A \$50.00 application fee is required at the time of application submission. The application fee may be paid via check or you may remit this amount via credit / debit by using our online donation service at our website. If you are faxing/ mailing your application and you intend to pay the \$50 application fee by check, please fax a copy of the check that you are mailing. This will help us process the application in a more timely manner.  
Mailing Address: PO Box 267, Duck River, TN 38454  
FAX Number: 931-583-0645
4. After we receive the application and fee, the applicant and parents will receive a letter stating that we received the application. Then a Staff member will call the applicant to arrange a series of personal interviews (via phone or in person as appropriate). It is important to note that the applicant will be given a series of times to call our facility to conduct interviews. It is imperative that these appointments be kept at their scheduled times.
5. One or more written responses may be required during the application process. These responses may be collected via email, fax or mail or the result of those responses may be discussed in the following phone call interview.
6. Each applicant will be notified regarding the final decision made at the close of the interview process. This notification will be done via phone, email or standard mail.
7. Accepted students will receive a reception packet via email or standard mail that will contain a basic gear list of items to bring on Orientation Day. This packet will also include information about tuition payment options, local hotels if needed, the start date and directions to the property in Williamsport, TN.

NOTE: Narrow Gate begins a new class on the second Tuesday of each alternating month. We accept no more than five new students in January, March, May, July, September and November of each year. Our limited space is filled on a first come – first served basis. ***Narrow Gate has never accepted or denied a student applicant based on “ability to pay”.*** Narrow Gate does not participate in any conversation regarding program cost until the qualification of a student applicant has been determined. This qualification is the ***sole determining criteria for acceptance or denial*** into our ministry. Once the suitability of a student has been determined and that student has been accepted, we will contact the family to determine their ability to help offset the cost of that student's participation in our program through the tuition options. For more information regarding the cost of a student's participation in Narrow Gate, please see the appropriate section of our website.

Narrow Gate is supported by tuition payments from families, by entities, churches, companies and individuals who believe in the proven work that is accomplished through the Grace of Christ in our program. We receive no government funding and we are unapologetically Christian in our beliefs and teachings. Narrow Gate is not a rehabilitation facility or a recovery center. Young men who come to Narrow Gate are interested in answering two questions: Who am I? and Why am I here?

## APPLICANT GENERAL INFORMATION

Full Name: \_\_\_\_\_  
Nickname?: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Highest Level of Education: \_\_\_\_\_ Where? \_\_\_\_\_  
Graduation Date?: \_\_\_\_\_

## APPLICANT & FAMILY CONTACT INFORMATION

Student Name: \_\_\_\_\_  
Student Mailing Address: \_\_\_\_\_  
Student Email Address: \_\_\_\_\_  
Student phone: \_\_\_\_\_ (cell, home, work ) \_\_\_\_\_  
Student alternate phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ (relation) \_\_\_\_\_  
Parent 1 Mailing Address: \_\_\_\_\_  
Parent 1 email: \_\_\_\_\_  
Parent 1 phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_  
Parent 1 alternate phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ (relation) \_\_\_\_\_  
Parent 2 Mailing Address: \_\_\_\_\_  
Parent 2 email: \_\_\_\_\_  
Parent 2 phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_  
Parent 2 alternate phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_

Alternate contact Name: \_\_\_\_\_ (relation) \_\_\_\_\_ Alt.  
Mailing Address: \_\_\_\_\_ Alt.  
email: \_\_\_\_\_ Alt.  
phone: \_\_\_\_\_ (cell, home, work) \_\_\_\_\_ Alt.  
phone 2: \_\_\_\_\_ ( cell, home, work) \_\_\_\_\_

## SKILLS AND HOBBIES

Please list your hobbies or things you enjoy doing?

Please list skills or experiences you have? (ie...experience with wood-working tools, experience with lawn/garden equipment, knowledge of farm implements or taking care of specific animals)  
Please be as specific as you can.

What, if any, sports do you enjoy?

Do you have any fears of Heights? Water? Animals? Etc...(please be specific)

Please list any other information that you feel will help us know your likes and interests better.

Please tell us how you learned about Narrow Gate

Please describe what you hope to get out of your stay with us at Narrow Gate

What circumstances are leading you to seek out the possibility of attending Narrow Gate

Do you have any outstanding legal or medical issues? If so, please describe

Please explain any church or religious affiliations you currently have or have had in the past.

What organized sports have you played and at what ages:

Hobbies you've invested in:(anything you've put in time, or money, or had to sacrifice something else in order to do)

## MEDICAL HISTORY

(Applicant's Name): \_\_\_\_\_

General Health(circle one): Excellent Good Average Poor

## MEDICATIONS

**Medication Date Prescribed Dosage Reason for medication**

## PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Psychiatrist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I authorize any of the medical professionals listed above to communicate with Narrow Gate staff and acquire any medications prescribed in applicant's behalf.

Applicant's Signature Date

## MEDICAL SERVICE HISTORY

History or Surgery of broken bones: (please summarize)

Date of last dental exam: \_\_\_\_\_

Describe any Dental Concerns:

Does you wear \_\_\_\_glasses or \_\_\_\_contacts? \_\_\_\_For reading? \_\_\_\_Other? Describe any hearing or speech problems.

## MEDICAL HISTORY (cont.)

Addictions and Substance Abuse

**Substance   Approximate length of use   Frequency of use**

Describe any previous treatment for substance abuse:

### ALLERGIES (check if allergic and describe reaction)

\_\_\_\_\_penicillin \_\_\_\_\_Food allergies

(list)\_\_\_\_\_bees or wasp

stings \_\_\_\_\_sulfa drugs \_\_\_\_\_other drugs (please

list)\_\_\_\_\_Other

### DESCRIBE ANY OTHER IMPORTANT MEDICAL INFORMATION BELOW:

This completed form represents all known medical history of:\_\_\_\_\_

(Applicant Name)

Applicant's Signature   Date



## MEDICAL EMERGENCY CONTACT INFORMATION

Applicant's Name \_\_\_\_\_  
Parents' Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (if different than parent)

Name: \_\_\_\_\_ Home or Cell Number: (\_\_\_\_\_) \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

## MEDICAL INSURANCE

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name Policy is Listed under: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Name of Insured: \_\_\_\_\_

## MEDICAL SERVICES CONSENT

I hereby authorize any Narrow Gate representative to provide authorization of emergency and/or medical treatment for applicant by any qualified medical personnel of any hospital, emergency medical service, or other appropriate medical organization, or clinic should it be deemed necessary. In addition, I give my consent for treatment of said applicant by any qualified medical personnel of any hospital, emergency medical service, or other appropriate medical organization or clinic should medical treatment be deemed necessary. I agree to be fully responsible for all related medical and dental charges for applicant.

Applicant's Signature Date \_\_\_\_\_

## DENTAL INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Name Policy is Listed under: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**\*\*Please include a front and back copy of each of your insurance cards with your application.**

## EXPECTATIONS & COMMITMENT

Narrow Gate believes the formation of our character is more important than the modification of particular behaviors. Therefore its focus is not on modifying external behaviors, but rather on discovering the ultimate truth about who we are in Christ, taught and modeled in the context of an adventurous, loving community. However, we do believe that our choices reflect our character, and that our behaviors need to progressively come into line with the standards of God's Word for a purposeful, joyful life.

Key behaviors and attitudes that are expected of the participant include:

- A sincere desire to learn and grow physically, mentally, and spiritually.
- Participation with a cooperative attitude in all activities and duties unless special permission is granted by staff.
- A regular routine of waking up at approximately 7 AM, and lights out at 10:30 PM.
- Respect for others, for property, and submission to those in authority.
- A commitment to make peace rather than sow strife.
- Participation in the improvement, maintenance, upkeep, and cleaning of shelters and property.
- Practicing good health habits and hygiene as directed by the staff of Narrow Gate
- Participating in wholesome physical activities and training.
- Making continuous contributions of mind, body and spirit to the benefit of the student's own growth as well as the good of others.

While the process of becoming more Christ-like is a journey for all believers, and there is much mercy at Narrow Gate for those sincerely striving to learn new habits, there are certain behaviors and attitudes that are unacceptable in Narrow Gate.

- No drugs, alcohol, cigarettes, tobacco, or pornography
- No physical violence toward others or destruction of property
- Persistent uncooperative or destructive behaviors or attitudes.

Scripture is clear that discipline and correction are essential for our learning, character formation, and growth. A participant's choice to participate in these and other negative behaviors and attitudes will result in consequences for the participant. These consequences include, but are not limited to, confession, service, acts of restitution, writing assignments, separation from the group, suspension, probation, and ultimately, removal from Narrow Gate. Consequences are administered prayerfully and lovingly, at the sole discretion of Narrow Gate leadership, after taking into account each participant's progress and the unique circumstances of each situation.

Privileges are gradually increased with each level:

- No phone privileges in Level One (Foundation), but the participant may write and receive letters from their **immediate family**.
- Level Two (Community) allows for weekly phone calls with **immediate family**. Additional phone privileges are restored over time and at the discretion of Narrow Gate Staff. Communications with relationships that tie the student back to the life they lived before arriving are managed on a case-by-case basis. It is important to note that relationships of a romantic interest are all but impossible to maintain during the student's time at Narrow Gate due to the communication limitations of our program.
- No cell phones, CD or MP3 players, or any electronic devices until Level 3 (Service).
- Access to spending money and driving a vehicle are restored in time.

**PARTICIPANT'S COMMITMENT (please read carefully and sign below)**

I understand that Narrow Gate is unapologetically Christian in its approach and implementation. I agree to fully participate in the Narrow Gate experience for at least 35 days understanding that the typical minimum stay in the program is approximately six or seven months. I understand that participating in Narrow Gate is a privilege and not a right. I understand that Narrow Gate reserves the right to require my withdrawal at any time if I fail to demonstrate a sincere desire for transformation. I agree to abide by and respect all of the above expectations and commitments.

## NARROW GATE FOUNDATION LIABILITY RELEASE

This is a release of liability. Please read before signing. Do not sign or initial the release if you do not understand or agree with its terms.

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THE PROGRAM SPONSORED BY NARROW GATE FOUNDATION DESCRIBED HEREIN AND IN CONSIDERATION OF THE BENEFITS TO BE DERIVED THERE FROM, I HEREBY RELEASE NARROW GATE FOUNDATION AND THE D.J. WHITE FAMILY FOUNDATION AND THEIR PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HIERS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, WHETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY PARTICIPATION OR THE PARTICIPATION OF ANY MEMBER OF MY FAMILY, INCLUDING MY SPOUSE OR MINOR CHILD, IN THE PROGRAM.

I RECOGNIZE THAT THE CONDITIONS IN SOME OF THE PLACES TO WHICH MY SPOUSE, MY CHILD, OR I TRAVEL MAY NOT BE OF THE SAME STANDARD AS THE CONDITIONS TO WHICH WE ARE ACCUSTOMED. I REALIZE FURTHER THAT THERE MAY BE CERTAIN HEALTH RISKS AS WELL AS OTHER RISKS TO PERSONNEL AND PROPERTY, AND WE ENTER INTO PARTICIPATION IN THE PROGRAM AND AGREE TO THE PARTICIPATION OF ME, MY SPOUSE OR MINOR CHILD WITH KNOWLEDGE OF THOSE RISKS. IF FOR ANY REASON ME, MY SPOUSE OR CHILD IS UNABLE TO COMPLETE THE PROGRAM, IF NECESSARY WE ASSUME FULL RESPONSIBILITY FOR EXPENSES INCURRED FOR ME, MY SPOUSE, OR MY CHILD, OR CHILDREN'S RETURN HOME.

I HAVE ASKED TO PARTICIPATE IN ACTIVITIES WITH NARROW GATE FOUNDATION. I UNDERSTAND THAT ACTIVITIES MAY INCLUDE, BUT ARE NOT LIMITED TO: HIGH OR LOW ROPES COURSES, SWIMMING, HIKING, BOATING, CANOEING, WHITE-WATER RAFTING, HORSEBACK RIDING, BACKPACKING, CAMPING, MOUNTAIN TRAVEL, RANCH OR FARM MAINTENANCE, BUILDING AND REPAIR PROJECTS, WOOD WORKING, WORKING WITH DANGEROUS TOOLS AND EQUIPMENT, MOVING HEAVY OBJECTS AND OTHER STRENUOUS AND/OR HIGH-RISK INDOOR AND/OR OUTDOOR ACTIVITIES.

I UNDERSTAND THAT ALL OF THESE ACTIVITIES CAN BE STRENUOUS ACTIVITIES, WHICH SHOULD NOT PARTICIPATED IN BY PERSONS WITH HEART OR CARDIOVASCULAR AILMENTS OR OTHER SERIOUS ILLNESSES. I CERTIFY THAT I AM IN GOOD HEALTH, AND PHYSICALLY AND MENTALLY CAPABLE OF PARTICIPATION IN SAID ACTIVITIES.

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE A LEADER OF THIS ACTIVITY, AS AN AGENT FOR ME AND MY SPOUSE OR MY CHILD TO CONSENT TO: ANY X-RAY EXAMINATION; MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS; TREATMENTS; HOSPITALS CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON OR DENTIST (AS APPROPRIATE) LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE OR COUNTRY WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN A HOSPITAL. I EXPECT MY FAMILY TO BE CONTACTED AS SOON AS POSSIBLE.

I CERTIFY THAT I AM LAWFUL AGE AND COMPETENT TO SIGN THIS RELEASE, AND HAVE DONE SO VOLUNTARILY.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUTES A FULL AND COMPLETE WAIVER OF ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE OR BREACH

OR WARRANTY REGARDING INJURY OR PROPERTY DAMAGES, ARISING OUT OF MY OR ANY CHILD OF MINE'S PARTICIPATION IN THE PROGRAM.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREINBEFORE INFERRED TO AS WELL AS THOSE NOW DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL, TERRITORIAL LAW OR STATUTE PROVIDING IN SUBSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OR UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

I ACKNOWLEDGE THAT AT NO TIME DURING MY PARTICIPATION IN THE PROGRAM WILL ANY ACTIVITY OR CIRCUMSTANCE ASSOCIATED THEREWITH MAKE ME AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF NARROW GATE FOUNDATION OR THE D.J. WHITE FAMILY FOUNDATION, EVEN IN THE EVENT THAT I RECEIVE SOME FORM OF CONSIDERATION IN RETURN FOR MY PARTICIPATION IN SOME PART OF THE PROGRAM.

I GRANT PERMISSION TO NARROW GATE FOUNDATION AND THE D.J. WHITE FAMILY FOUNDATION AND THEIR PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS TO USE MY NAME AND/OR PHOTOGRAPHS FOR USE IN PUBLICATIONS SUCH AS BROCHURES AND NEWSLETTERS, AND TO USE MY NAME AND/OR PHOTOGRAPHS IN ELECTRONIC VERSIONS OF THE SAME PUBLICATIONS OR ON THE INTERNET OR OTHER ELECTRONIC FORMS OR MEDIA. I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS OR PRINTED OR ELECTRONIC MATTER THAT MAY BE USED IN CONJUNCTION WITH THEM NOW OR IN THE FUTURE, WHETHER THAT USE IS KNOWN TO ME OR UNKNOWN. I HEREBY AGREE TO RELEASE, DEFEND, AND HOLD HARMLESS NARROW GATE FOUNDATION AND THE D.J. WHITE FAMILY FOUNDATION AND THEIR PRESENT AND FORMER ELDERS, TRUSTEES, OFFICERS, DIRECTORS, ASSOCIATE DIRECTORS, LEADERS, EMPLOYEES AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS, INCLUDING ANY FIRM PUBLISHING AND/OR DISTRIBUTING THE FINISHED PRODUCT IN WHOLE OR IN PART, WHETHER ON PAPER OR VIA ELECTRONIC MEDIA, FROM AND AGAINST ANY CLAIMS, DAMAGES OR LIABILITY ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS, INCLUDING BUT NOT LIMITED TO ANY MISUSE, DISTORTION, BLURRING, ALTERATION, OPTICAL ILLUSION OR USE IN COMPOSITE FORM, EITHER INTENTIONALLY OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN TAKING, PROCESSING, REDUCTION OR PRODUCTION OF THE FINISHED PRODUCT, ITS PUBLICATION OR DISTRIBUTION.

Participant' signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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If Participant is a minor, all adults legally responsible for the Participant must sign below:

Parent/guardian signature \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_