

Dear Pastor,

We are delighted to have you visit one of your parishioners who is benefiting from our program. As you are aware, part of the rehabilitation process involves maintaining absolute supervision of our students at all times. During his tenure at Teen Challenge the student is involved in biblically based education. Understandably, doctrinal issues are taught per our interpretation of scripture. To maintain unity and prevent confusion among staff and students, it is important that we stand firm on our beliefs. We certainly respect your doctrinal beliefs as a pastor; however, it is important that you refrain from discussing doctrinal issues during your visit, whether you agree with our views or not. If we are ever privileged to visit your church, we will give you the same courtesy.

For our records, we ask that you forward a photocopy of your ministerial license or ordination to us, as well as the completed Visitation Liability Form. We will then add your name to your parishioner's approved visitation list. If you are here for a visit, you have most likely already completed these steps.

We have learned much during our many years of working with persons experiencing life-controlling problems. We know that you desire to see your parishioner become completely well and functional. Therefore, we suggest the following guidelines for your visits and other communication with him and trust you will cooperate with us in following them.

Scheduling a Visit

If you desire to visit, you must call our office to officially schedule the visit prior to your arrival.

During the Visit

- Upon arriving, you must report directly to the administration office to sign in. You must present photo identification during registration for the visit.
- Any and all items (including money, tapes, books, etc.) intended for your parishioner will be received, carefully reviewed, and given to him by staff following his visit. Any money received will be placed into his personal account up to his account limit or his travel account, whichever is indicated by the giver. Money given for or mailed to a student for his personal account must be in the form of cash or a money order made out to the student. Personal checks will be refused.
- During your visit, we ask that you remain at the assigned visitation site
- You must refrain from visiting with other students while on campus.
- You may not deliver or mail out any written correspondence for any student under any condition. To do so will mean permanent loss of your visitation privileges.
- Absolutely no illegal drugs, alcohol, or tobacco products are permitted on campus.
- Food and/or drinks of any kind are prohibited during visitations.

Inclement Weather

For the safety of visitors as well as staff and students, visits may be canceled if our location develops inclement weather conditions. During months with dynamic weather, you may want to call the training center to confirm a tolerable weather status before you come.

Mail

Packages and letters must be mailed to Appalachian Teen Challenge, Inc., 1651 Unity Road, Princeton, WV 24739. The student's name must be clearly legible on the front of the package and letter.

The Teen Challenge program has been in operation for many years, and we have a proven track record. You can help us by supporting our policies and decisions regarding the student. Should you disagree with us, your questions or comments should be addressed to me and not with the student.

Be reminded that prior to coming here, most, if not all, of these fellows were manipulators. Even after being in the program for a while, manipulation may still be a part of their life. For this reason I ask you to work with us and not against us, as together we help your parishioner to become spiritually alive, emotionally balanced, socially adjusted, and physically well.

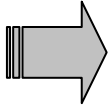
We welcome you and are glad for your concern and support of your parishioner.

Yours in Christ,

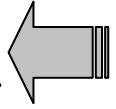
Jim

James M. Nickels
Executive Director

CONFIDENTIAL



You must complete and return this form prior to being approved.
You must give all requested information and sign and date where applicable. Witness lines must also be properly completed. **If any part is incomplete, the entire form is void and will not be processed.**



We will not accept faxed documents. Mail your form to:
Appalachian Teen Challenge, Inc., 1651 Unity Road, Princeton, WV 24739.

A. PASTOR VISITATION AGREEMENT

Please initial this line after you have **thoroughly** read the attached pastor visitor letter. _____

I verify that I am (please print **your** name) _____,

(please print the **student's** first and last name) _____'s

(please indicate your relationship to the student) _____.

Is your relationship to the student a biological relationship? (Write Yes or No) _____.

I agree to follow the established policies, guidelines, suggestions, and procedures of Appalachian Teen Challenge, Inc.

Your name _____

Mailing address _____

City _____ State/Zip _____ Phone _____ - _____ - _____

Signature _____ Date _____

B. STUDENT SPONSORSHIP

We need your help to care for your loved one. Therefore, we look forward to you becoming a student sponsor. This ministry depends on donations from family members, community contributors, and churches to cover the cost of caring for your loved one. To house, feed, and instruct your loved one alone, it will cost Teen Challenge approximately \$1,400.00 per month, which totals \$16,800.00 for 12 months. Appalachian Teen Challenge is a non-profit 501-C-3 organization and does not receive government support in any form for the services we provide.

I am supporting my loved one, who is a student in the Appalachian Teen Challenge training program. I will sponsor him for (*You must select one of the following monthly sponsorship amounts or this form will be incomplete & void*):

\$1000 ___ **\$700** ___ **\$500** ___ **\$300** ___ **\$200** ___ **\$150** ___ **\$100** ___ **\$50** ___ **\$25** ___ **\$0** ___
71% 50% 36% 22% 14% 11% 7% 4% 2% 0%

C. VISITATION LIABILITY RELEASE

I do hereby state that I have requested permission to visit _____
on the campus of the Appalachian Teen Challenge, Inc. Training Center. Student's Full Name

In the event I should become injured in any way during any or/and all of my visits, I hereby release the ministry of Appalachian Teen Challenge, Inc., its staff, and its Board of Directors of any and all liability claims of any type.

Should I incur an injury of any type during my visit, I agree to be fully responsible for any and all medical costs as a result of the injury.

I further release Appalachian Teen Challenge, Inc., its staff, and its Board of Directors from any and all responsibility for my personal safety and welfare during the visitation.

Visitor's Signature _____ Date _____

Visitor's Printed Name _____ Date _____

The Witness must be another family member (or other if family is not available) 18 years of age or older.

Witness' Signature _____ Date _____

Witness' Printed Name _____ Date _____



Carefully review this form to make sure you completely filled out all sections.
If any part is incomplete, the entire form is void and will not be processed.
You may only be approved for visitation or communication *after* we process completed paperwork.

