



# The Good Neighbor Program

## Burlington Emergency Shelter, Burlington, Vermont

### APPLICATION

The applicant himself must complete this form. If he is unable due to illiteracy, then the name, phone number and relationship of the person completing this application must be provided.

#### GENERAL INFORMATION:

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Best time to be reached \_\_\_\_\_  
SS# \_\_\_\_\_ Veteran? Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_  
Person to contact in case of emergency: \_\_\_\_\_ Ph. \_\_\_\_\_  
Caseworker or Counselor (Name, Agency, and Phone) \_\_\_\_\_  
Who is sponsoring you into The Good Neighbor Program? \_\_\_\_\_

#### MEDICAL HISTORY: (and current medical problems)

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_ Purpose of Medication: \_\_\_\_\_

Describe your history of counsel, Names, Dates, and Length of treatment programs: \_\_\_\_\_

#### HISTORY OF SUBSTANCE ABUSE:

Yes \_\_\_ No \_\_\_

Substance

How long used and amount of substance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your abuse patterns from the beginning: \_\_\_\_\_

Identify what you feel are the main causes of your drinking/substance abuse: \_\_\_\_\_

Have you ever attended AA/NA meetings? Yes \_\_\_ No \_\_\_ Do you have an AA sponsor? Yes \_\_\_ No \_\_\_

Have you ever taken antabus? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Identify the issues you need to work on (what do you have to do to remain sober?) \_\_\_\_\_



**VOCATIONAL AND LIFE GOALS**

List your skills and abilities. \_\_\_\_\_  
\_\_\_\_\_

What aspirations and goals do you have? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to be considered for The Good Neighbor Program? \_\_\_\_\_  
\_\_\_\_\_

The above information is confidential and will be used for the sole purpose of determining eligibility for The Good Neighbor Program. I hereby authorize The Good Neighbor Program staff to contact the listed individuals to confirm information supplied and to check all references. I certify all information supplied is accurate to the best of my knowledge.

*Please sign below*

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_\_

Name and Address of person who filled out this form (if other than applicant) \_\_\_\_\_  
Date \_\_\_\_\_

Phone # of person who filled out form (if other than applicant) \_\_\_\_\_

Please mail or drop off this application to:

**Joseph Shevlin, GNP Director**  
**The Good Neighbor Program**  
**Burlington Emergency Shelter**  
**P.O. Box 1481**  
**Burlington, Vermont 05402**

On receiving this application, it will be reviewed and if you are deemed appropriate for this program, you will be contacted. Neatness, thoroughness, sincerity, references and content will be evaluated in consideration of an interview. If you are not contacted within seven days you may assume that your application is no longer under consideration for this program at this time.

**INTERVIEW COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interview comments may be carried over to the back of this sheet.

Interviewer's Signature: \_\_\_\_\_ Date \_\_\_\_\_