

The Alpha Omega House

501 University Avenue Missoula, Montana 59801
Phone: 406-880-5673 Email: info@aohouse.org
Program Director-Elizabeth Grover phone 406-304-7520

APPLICATION

Thank you for your interest in living in the Alpha Omega House at the University of Montana, we are excited about you joining us! The opportunity of living in community promises lasting memories, life-long friendships and life-changing experiences.

To be considered for a place in the House, we need to receive this completed application, a reference letter from someone of your choosing and \$150 non refundable security deposit to hold your spot in the House. Upon approval of acceptance into the AO House you will also need to provide an additional \$150 as a damage deposit refunded at the end of your stay providing there are no damages done to the AO House property. Please send your application, letter and deposit, payable to the *AO Ministries*. Your check will be held until final confirmation of your residency.

The Alpha Omega Fellowship House
501 University Ave.
Missoula, MT 59801

Applicant's Name _____ Date: _____

Security Deposit Paid: _____

Please complete the following information:

Year/ Semester applying for: _____

Cell Phone Number: _____

Email: _____

Gender: _____

Birth Date: _____

Current Year in School (please specify high school or college): _____

Place of employment: _____

Permanent Address Or Parent Address:

Street: _____ City: _____

State: _____ Zip: _____

Permanent Phone or Parent Phone Number: _____

Emergency Contact Person (Relationship): _____

Phone: _____

Please list three references. These references could be past/ current employers, landlords, personal friend or a Pastor.

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Do you have a Criminal Record? _____

If yes, please provide an explanation on a separate sheet of paper.

I give my permission for the Directors of the Alpha Omega House to conduct a background check.

Signature: _____ Date: _____

SSN: _____

We want to know a little about you! Please write your answers to the following questions. Feel free to use the back of the paper for additional writing space:

1) What Character traits would you say best describe you?

2) What do you hope to give and receive by living in the Alpha Omega House?

3) What is your understanding of the Alpha Omega House?

4) Is there any legal, social, medical or emotional history in your life that may hinder your ability to live & work within the Alpha Omega Community? Upon approval you will be required to provide a full list of medications and medical history.

5) Is there any personal information that you would like to add that would affect your stay in the Alpha Omega House?

6) If you live in the Alpha Omega House you will be expected to meet weekly in small groups, to discuss the life principals of Jesus. The time, day and content of the small groups will be decided on an individual basis. Will you make this commitment?
_____ Yes _____ No (if no please explain)

7) The success of community living depends on everyone doing their part. As a resident of the Alpha Omega House you will be expected to complete a weekly chore as well as dishes once a week. Will you commit to being faithful to do your part in house upkeep? _____ Yes _____ No (if no please explain)

8) It is our desire that the AO House is your home, in order to have time together we ask that you attend bi-monthly house meetings and a house retreat each semester. Will you commit to attend theses specific times? _____ Yes _____ No (if no please explain)

Please send this application, your deposit of \$150 and a letter of recommendation to the Alpha Omega House at the address listed above.