



LEGACY

H O U S I N G

PREVENTING YOUTH HOMELESSNESS, SEX TRAFFICKING & PROSTITUTION
BY PROVIDING FREE QUALITY HOUSING FOR AT-RISK AGE-OUT FOSTER GIRLS

ABOUT THE LEGACY HOUSING PROJECT

Thank you for your interest in becoming a resident of the Legacy House! We believe you are a treasure made in the Image of God, and as a result, you deserve to be loved. We believe love is not something given in word only but in action. We believe this because we have discovered the love of God through the life, death and resurrection of Jesus Christ. Jesus came to this Earth and gave himself, everything He had, so that we could be forgiven of our sins and welcomed into relationship with our Heavenly Father. Jesus fed the hungry, he healed the sick, he loved the broken and it is through these acts and teachings we have learned to do the same.

The Legacy House exists as a platform to help launch young women who have aged out of the foster care system into adult life with the tools necessary to succeed. We endeavor to help combat the increasing trend of youth homelessness and sex trafficking among the age-out foster community by providing safe housing, life development skills, and Christian discipleship. In addition we desire to see each of our residents achieve educational greatness, therefore our residents are required to take advantage of the scholarship opportunities available to them and continue their formal education while residing at the Legacy House.

Overall we seek to be a community of support for every resident who joins our program both during their residency here and in their life to come. We are so grateful for your consideration of our program and we are enthusiastically looking forward to connecting with you! Please fill out the attached Residency Application at your earliest convenience and return it to us using one of the following methods outlined below:

1. By email at connect@ormondchurch.net
2. By Mail sent to

Ormond Church
P.O. Box 10432
Daytona Beach, FL 32120

Following the receipt of your application, our team will review your paperwork and set up an interview in order to get to know you in person. If we believe you will succeed here, we will approach our board for approval of residency. If residency is granted, you will be notified and welcomed to move into the Legacy House. If you have any questions or requests during this process please feel free to email us at connect@ormondchurch.net or call us at 386-506-1018. Thank you again for reaching out to us, we look forward to hearing from you!

Kind Regards,



Rich Tidwell
Director, Legacy House

THE LEGACY CODE OF CONDUCT OVERVIEW

In order to maintain a peaceful atmosphere which fosters healthy relationships and educational success, the Legacy House has a strict Code of Conduct to be observed by all residents. Upon moving in, new residents have a 60 day probationary period in order to determine whether the new resident is ready to be part of our program or not. New residents within the probationary period may have their residency terminated at any time, without forewarning, if in violation of the following Code of Conduct.

Following this probationary period, in the event that a resident is in violation of a house rule such as missing curfew, engaging in conflict with another resident, or engaging in conflict with the program directors through negative attitudes or disobedience, they will be placed on another probationary review period for 30 days. During this probationary period, if the resident being reviewed violates any rule for any reason at any time, their residency will be terminated immediately. This includes but is not limited to:

1. Engaging in conflict of any kind for any reason. This includes initiating or instigating conflict, responding to instigation poorly, or escalating conflict into violence. It is highly recommended that if a resident is considering initiating conflict or responding poorly to instigation, that resident separate themselves from the other resident(s) until they are able to return to a state of peace and reconcile. Conflicts must be resolved quickly and amicably between the two involved parties or both parties will be at risk of termination regardless of who initiated.

2. Violating a house rule. This includes being late for the 11pm curfew by even 1 minute without prior approval, inviting an unapproved male onto property or into the home at any time, using or possessing a controlled substance or alcohol, engaging in conflict with other residents, disobeying or showing disrespect of any kind to the program directors, failing to help share the responsibility of keeping the living areas clean, or reluctance to participate in group dinners.

3. Having a negative or ungrateful attitude towards the Legacy House, its directors or residents. Although listed 3rd, this is the most grievous of the listed offenses. The Legacy House has been in development for over 2 years by a team of caring people in order to house and provide for age-out foster girls. Any resident of the Legacy House who cannot find it within themselves to be obedient, grateful, and have a positive attitude will be removed in order to give those who will be grateful the opportunity to reside here. A negative, gossiping, discontent, ungrateful attitude is the most destructive of all to this program and it is not welcome here as it removes peace from the home. Anyone who is truly unhappy here will be removed in order to welcome those who will be happy.

Overall, The Legacy House Code of Conduct helps to ensure each resident has the opportunity to live in a peaceful home where they can focus on school and/or work without the emotionally traumatic effects of continual and unnecessary drama. We want each resident to love living here and our Code of Conduct helps to ensure that reality!

THE LEGACY HOUSE APPLICATION

PERSONAL INFORMATION

Name in full (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ State/Province _____ Zip-code _____

Country _____ E-mail _____

Phone _____ Cell Phone _____

Age _____ Birth date _____ Place (City, State) _____

Citizenship _____ Present Occupation _____

HEALTH

Describe your general health: _____

Please describe any physical limitations, disabilities, or health issues that you may have: _____

Do you have any chronic illnesses? _____

Are you presently taking medication prescribed by a doctor? _____

If so, please explain: _____

GUARDIAN INFORMATION (if applicable)

Name _____

Address _____

Phone _____

Occupation _____

CHURCH INFORMATION (if applicable)

Home Church _____

Church Mailing Address _____

Pastor's Name _____

Phone _____

How long have you been attending this church? _____

Date you accepted Christ as Savior _____

Have you been baptized in water? _____

Date _____

ACADEMIC BACKGROUND

Official academic transcripts from your high school is not necessary.

Name of High School attended _____

Graduation Date (Mo/Yr) _____

City, State, Country

GPA _____ SAT/ACT scores, if applicable _____

EMPLOYMENT HISTORY (List most recent first)

Company _____

Manager _____

Position Held _____

Phone Number _____

Reason for Leaving _____

Dates of Employment _____

Company _____

Manager _____

Position Held _____

Phone Number _____

Reason for Leaving _____

Dates of Employment _____

REFERENCES

List names, addresses & telephone numbers of two persons (unrelated adults)

Name and Relation _____

Phone _____

E-mail _____

Address _____

Name and Relation _____

Phone _____

E-mail _____

Address _____

FINANCES

Explain your anticipated source of income (if any) while in the Legacy House program:

What are your current financial obligations (i.e. student loan, credit card, car loan/insurance, cell phone, etc.)? Please list and explain.

PERSONAL EVALUATION

Please give an honest estimation of yourself in the following areas. Rate 1-10 (10 being highest)

_____ Personal Discipline _____ Initiative _____ Spiritual Maturity
_____ Making New Friends _____ Consistency/Faithfulness _____ Finishing Projects
_____ Leadership Abilities _____ Listening _____ Submission to Authority
_____ Lifestyle Example _____ Positive Speech _____ Self-Confidence
_____ Response to Correction _____ Obedience _____ Maintaining Friendships
_____ Financial Discipline _____ Punctuality _____ Excellence in Homework

What tends to upset you the most?

How much time do you spend watching TV?

Internet / Video games / Movies?

How do you generally spend free time?

CODE OF CONDUCT

As a member of the program you must commit to comply with all aspects of the Pledge of Honor in order to remain eligible for the Legacy House program.

CHARACTER

I pledge to act as a positive example of the Legacy House program and carry myself as such.

AUTHORITY

I pledge to be under the authority and covering of Legacy House and its leaders.

STUDY

I pledge to study to show myself approved and grow in my knowledge and the instruction of the program.

STEWARDSHIP

I pledge to be responsible in the area of my finances and all my financial commitments.

FAITHFULNESS

I pledge to be prompt and faithful in my attendance to all meetings, activities, and church services.

PURITY

I pledge to avoid immoral or illegal activities or engage in any behavior that is contrary to Biblical conduct and ethics.

FELLOWSHIP

I pledge to be an encouragement to my fellow residents and build solid relationships with others.

LEADERSHIP

I pledge to develop my leadership gifts by taking initiative, both verbally and practically.

FOCUS

I pledge to prioritize my focus and recognize the importance of my school studies and my studies in the program and to plan accordingly to reflect these values.

EXCELLENCE

I pledge to communicate a spirit of excellence in my speech, conduct, appearance, and attitude.

CODE OF CONDUCT (cont...)

I, _____ have read and agree to the Legacy House Code of Conduct and program materials. I am fully committed to the requirements of the Legacy House program. I recognize that participating in the Legacy House program is a privilege and I should treat it as such. I also recognize that it is my own responsibility to succeed in the program. Furthermore, I understand that the Legacy House leadership has the right to terminate my residency at any time for any reason they deem necessary.

I pledge to respect the leadership and understand their role is to assist in the further maturing of my character, the strengthening of personal disciplines in my life, the sharpening of my social skills and the development of life-long friends.

I pledge that if admitted to the Legacy House program, I will at all times conduct myself as a dutiful participant, faithfully and diligently adhering to the Legacy House program requirements, and promptly meet all obligations. I have thoroughly considered the time commitments, character expectations, and personal devotion required to succeed as a resident and I am willing to apply myself to these standards.

I hereby accept the entire Code of Conduct and agree that I will comply with the Code of Conduct to remain eligible for the Legacy House Program.

Signature _____ Date _____

Print _____ Date _____

APPLICATION ESSAYS

Please answer the following questions to the best of your ability. Submit questions on a separate piece of paper.

Each answer should be a minimum of two paragraphs and a maximum of one page typed (12pt, double spaced).

1. Give a brief account of your personal history. Include what you perceive to be the most influential aspects of your story (i.e.— living situations, events that helped shape your life).
2. Explain your expectations of the Legacy House program and what areas you believe that it can help you in and what you would like to get out of the program.
3. Describe your three personal character strengths and areas of needed growth (weaknesses) and what changes you would like to see in these areas.

RECOMMENDATION FORM: PROFESSIONAL REFERENCE

(YOU MAY USE ANYONE THAT YOU HAVE A PROFESSIONAL RELATIONSHIP WITH i.e – employer, teacher, administrator, etc.)

Name of Applicant (Last) _____(First) _____
(Middle) _____

The person named above is applying for admission to the Legacy House program. The program is character-based and supportive of good character ethic in the student’s life, therefore, we request your cooperation in completing this form. All information will be held in strict confidence.

SECTION 1: PLEASE ANSWER THE FOLLOWING QUESTIONS

How long have you known the applicant? _____ Years _____ Months

In what capacity do you know the applicant?

How well do you know the applicant? Very Well Well Casually

Does the applicant demonstrate character in his/her lifestyle? Yes No

Please describe:

In your association with the applicant what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other

Describe the applicant’s leadership ability:

Prefers to follow Makes some effort to lead Good ability Exceptional ability

What are the applicant’s strong points (include special abilities)?

Has the applicant discussed or counseled with you concerning his/her interest in participating in the Legacy House Program? Yes No

What do you understand is the real motive for the applicant wanting to attend the Legacy House Program?

SECTION 2: PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:

On a scale of 0 to 4 (0=low, 4=high), rate the applicant in the following areas:

0 = Unknown 1 = Deficient 2 = Average 3 = Moderate 4 = Superior

_____ Personal Discipline _____ Initiative _____ Spiritual Maturity

_____ Making New Friends _____ Consistency/Faithfulness _____ Finishing Projects

_____ Leadership Abilities _____ Listening _____ Submission to Authority

_____ Lifestyle Example _____ Positive Speech _____ Self-Confidence

_____ Response to Correction _____ Obedience _____ Maintaining Friendships

_____ Financial Discipline _____ Punctuality _____ Excellence in Homework

_____ Emotional Stability _____ Judgment _____ Compassion

Please comment:

SECTION 3: APPROVAL

Do you fully approve of the applicant participating in the Legacy House Program? Yes No

Comments (Please describe any reservations or concerns):

Signature

Date

RECOMMENDATION FORM: PERSONAL REFERENCE

(YOU MAY USE ANYONE THAT YOU HAVE A PERSONAL RELATIONSHIP WITH i.e – guardian, friend, mentor etc.)

Name of Applicant (Last) _____ (First) _____
(Middle) _____

The person named above is applying for admission to the Legacy House Program. The program is personal growth and development oriented, therefore, we request your cooperation in completing this form. All information will be held in strict confidence.

SECTION 1: PERSONAL INFORMATION

Name

Address

City _____ State _____ Zip-code _____

Phone _____ E-mail _____

SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS

How long have you known the applicant? _____ Years _____ Months

In what capacity do you know the applicant?

How well do you know the applicant? Very Well Well Casually

Does the applicant know Christ as personal Savior and Lord? Yes No

Does the applicant demonstrate character in his/her lifestyle? Yes No

Please describe:

In your association with the applicant what has been the level of commitment you have seen exemplified?

Faithful Inconsistent Other

Describe the applicant's leadership ability:

Prefers to follow Makes some effort to lead Good ability Exceptional ability

What are the applicant's strong points (include special abilities)?

Has the applicant discussed or counseled with you concerning his/her interest in participating the Legacy House Program? Yes No

What do you understand is the real motive for the applicant wanting to attend the Legacy House Program?

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On a scale of 0 to 4 (0=low, 4=high), rate the applicant in the following areas:

0 = Unknown 1 = Deficient 2 = Average 3 = Moderate 4 = Superior

_____ Personal Discipline _____ Initiative _____ Spiritual Maturity

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_____ Leadership Abilities _____ Listening _____ Submission to Authority

_____ Lifestyle Example _____ Positive Speech _____ Self-Confidence

_____ Response to Correction _____ Obedience _____ Maintaining Friendships

_____ Financial Discipline _____ Punctuality _____ Excellence in Homework

_____ Emotional Stability _____ Judgment _____ Compassion

Please comment:

SECTION 4: APPROVAL

Do you fully approve of the applicant participating in the Legacy House Program? Yes No

Comments (Please describe any reservations or concerns):

Print Name: _____ Date: _____

Sign Name: _____ Date: _____