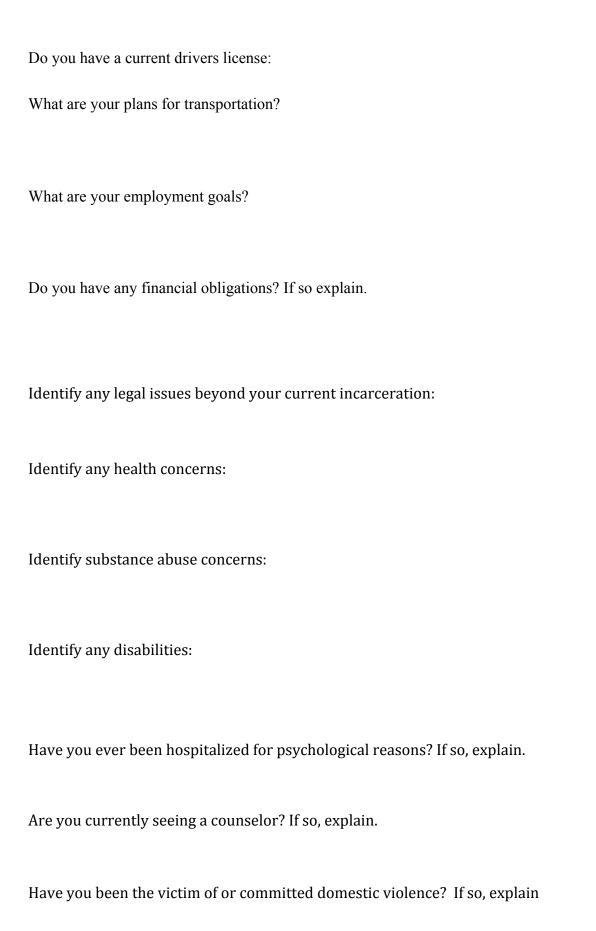
GROW Program Application

Name:				
	First	M.I.	Last	
Date of Bir	rth:	Conta	act Phone:	
E-mail			_	
Current lo	ocation:			
How long	have you been incarce	rated:		
Describe t	he nature of your offen	ıse:		
Approxim	ate length of parole:			
Release da	ate:			
Marital Sta	atus:			
Children (a	ages, where they curre	ntly live and	d custody situation):	
Do you hav	ve family support in the	area? If so e	xplain.	



SPIRITUAL NEEDS

Do you have a church home?	
If yes: What church (denomination) do you attend?	
Have you asked Jesus Christ into your life?	
Describe where you are in your spiritual journey.	
How do you think being involved in the GROW Program v	vill benefit you?
I certify that the information I have provided above is true and release of pertinent information contained above to appropria	ate social agencies and/or
businesses necessary to verify information, provide assistance,	or to prevent fraud.
Applicant's Signature	Date

GROW PROGRAM PARTICIPATION AGREEMENT

I understand that I am entering into the GROW program and agree to a minimum of 6 months and a maximum of 2 years. Therefore I agree to the following conditions of participation and understand that the following items shall be in effect during my participation in the GROW Program.

- 1. I will comply with <u>ALL</u> elements of the Program. I understand that this agreement does not list all rules in their entirety and that the GROW Program, its board and staff reserve the right to review, revise or amend the Program Rules & Policies at any time. As such revisions or amendments occur, I understand that the Resident Directors will make available the most current Program Rules & Policies and review them with me.
- 2. I will be respectful and courteous to all GROW Program staff, volunteers and other program participants while in the Program.
- 3. I will not possess or use alcohol, drugs, and weapons or gamble on or off GROW Program property while I am a participant of the Program. I understand that random drug/alcohol screens will be done, and that I may be requested to participate at any time.
- 4. I will punctually arrive at and attend scheduled meetings with GROW Program staff and volunteers; unless I receive a staff approved excuse for my absence.
- 5. I will, with assistance from GROW Program Staff, establish a list of personal goals to attain during my participation in the program.
- 6. I will, with assistance from GROW Program staff, prepare a financial budget.
- 7. I will make full disclosure of my financial income, debts, expenditures and savings, and will show all income check stubs, deposit receipts, expense receipts and account statements to appropriate GROW Program staff for review.
- 8. I will actively participate in the corporate or associated programming arranged by the GROW Program staff.

*Consequences for violating this Agreement will be <u>IMMEDIATE</u> dismissal from the Transitional Program.

YOU WILL BE EXPECTED TO STACCEPT PARTICIPATION IN THE	GN THIS AGREEMEN`IF YOU ARE INVITEI IE GROW PROGRAM.	O AND
Signature	Date	