

Date: _____

GROW Program Application

Name: _____
 First M.I. Last

Date of Birth: _____ Contact Phone: _____

E-mail _____

Current location:

How long have you been incarcerated:

Describe the nature of your offense:

Approximate length of parole:

Release date:

Marital Status:

Children (ages, where they currently live and custody situation):

Do you have family support in the area? If so explain.

Do you have a current drivers license:

What are your plans for transportation?

What are your employment goals?

Do you have any financial obligations? If so explain.

Identify any legal issues beyond your current incarceration:

Identify any health concerns:

Identify substance abuse concerns:

Identify any disabilities:

Have you ever been hospitalized for psychological reasons? If so, explain.

Are you currently seeing a counselor? If so, explain.

Have you been the victim of or committed domestic violence? If so, explain

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 will benefit you?

I certify that the information I have provided above is true and correct. I consent to the release of pertinent information contained above to appropriate 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 ALL 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 IMMEDIATE dismissal from the Transitional Program.**

YOU WILL BE EXPECTED TO SIGN THIS AGREEMENT IF YOU ARE INVITED AND ACCEPT PARTICIPATION IN THE GROW PROGRAM.

Signature

Date