



**JERICO COMMISSION**  
CHRIST BASED RE-ENTRY

**AFTER CARE APPLICATION—Drug Court**

Thank you for considering Jericho Commission. The purpose of this application is to process your request for a mentor. In order that we may process your request as efficiently as possible *this application must be completed in its entirety and all questions must be answered specifically, accurately, and completely.* Incomplete applications may be returned for completion. No processing will be initiated until a completed application is received by Jericho Commission. Jericho Commission retains the right of refusal without cause. The assignment of a mentor will be dependent upon the acceptance of the application pending successful review by the Screening and Assessment Team and the availability of mentors in the mentor pool. We appreciate your patience while your application is being processed. Thank you.

First Name	Middle Name	Last Name (Maiden Name, If Any)
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Date of birth:	City, State of Birth:
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Current Address: (City, State, Zip)
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Home Phone:	Cell Phone:	Email address:
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Other cities and states you have lived in: (Last 5 years)
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Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Children? Names and ages.
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List any restrictions concerning your spouse or children.
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Do you currently live in independent housing? If not, please describe.
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**Drug Court Information**

Name of P.O.	Name of counselor
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Who referred you to Jericho Commission?	Current phase of drug court program (1,2,or3)
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List any sanctions you have experienced while in the drug court program and the reason for the sanction.

What specific offense caused you to be in the drug court program?

Please describe any history of addictions and substances used.

Please describe any treatment programs for substance abuse you have attended and completed.

Have you ever been incarcerated? (Location, date/s, reason)

To assist us in scheduling, please list the days of the week and times of all routine meetings required by the drug court program:

<i>Example</i> AA, NA meetings	<i>Tues, Thurs / 6:00pm - 7:30pm</i>

**Employment**

Name of Employer: ( Include location)

Brief description of you job:

Please describe your work schedule: (Days of the week, time of beginning and end of shift)

Please describe any job skills that you possess.

**Health**

List any current physical limitations that we should take into consideration.

List any current mental limitations that we should take into consideration.

List any prescribed medications and the condition they are prescribed to treat.

**General**

Level of education: \_\_\_\_ HS \_\_\_\_ College \_\_\_\_ GED \_\_\_\_ Trade School.

If none, then last grade completed. \_\_\_\_\_

Driver's License? \_\_\_\_ Yes \_\_\_\_ No  
Revoked? \_\_\_\_ Yes \_\_\_\_ No  
Suspended? \_\_\_\_ Yes \_\_\_\_ No

Do you have your own transportation? \_\_\_\_ Yes \_\_\_\_ No  
Do you rely on city bus for transportation? \_\_\_\_ Yes \_\_\_\_ No

Please list any hobbies or areas of interest:

Please list any outstanding debts, fines, child support, or restitution (if applicable)/

**Faith**

*Jericho Commission is a faith based organization. Our primary purpose in assigning you a mentor is to assist you in meeting the goals of the drug court program as they pertain to you personally. At the same time it is our experience that an integral part of healing is spiritual. The following questions are an attempt to assess how we can best serve you in this capacity.*

Do you currently attend church?  Yes  No

Have you ever attended church?  Yes  No

Denominational preference, if any: \_\_\_\_\_

Do you have any objections to a mentor ministering to your spiritual needs?  Yes  No

Have you ever made a decision to be a follower of Jesus Christ?  Yes  No

How do you believe a mentor could best serve your needs?

Please list any information that you would like for us to know.

“I hereby declare that the information I have provided is correct and accurate to the best of my knowledge. I further declare that there is no misrepresentation in this application. If, during the investigation of this application or at any further date, while I am enrolled in the Jericho Commission Program, misrepresentation is found to be true and accurate, there may be disciplinary action taken by Jericho Commission, up to and including dismissal from the Jericho Commission Program.”

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Authorization**

**PLEASE READ BELOW AND SIGN INDICATING THAT YOU UNDERSTAND AND AGREE TO**

I understand that in processing my application, research may be done in which information is obtained through personal interviews, written requests, and a review of information provided on the application by law enforcement or other government agencies. I authorize you to verify my past or present information or related data provided on this application or through the interview process. I further understand and waive my right of privacy in this application and hold harmless Jericho Commission from any liability. I understand reports may be requested and may include information as to my character, work habits, credential verification, and experiences. I furthermore declare that I have answered all questions honestly and to the best of my ability. **I release this information freely to Jericho Commission, and they have my permission** to provide a copy of my application and/or subsequent information to ministries, agencies or individuals who are a part of this group to assist me in the completion of the drug court program.

**I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, JERICHO COMMISSION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_