



JERICO COMMISSION
CHRIST BASED RE-ENTRY

AFTER CARE APPLICATION—Ex-offender

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 applicable):
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Date of birth:

Other names you have used:	Other counties you have lived in:	Other city and states you have lived in:
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State where you were born:	Email address:
Referral source: Victory Ministries _____ Minister _____ Sigma House _____ MOPBB _____ DOC _____ 31 st Circuit Court _____ Other _____	

Current address: (Include City, State and Zip)
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Home phone:	Cell phone:	Work phone:
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Spiritual

Are you a Christian? Yes ____ No ____ If yes, when did you become a Christian? _____ (date)

Describe how you became a Christian:

If you are not a Christian now, have you ever been a Christian? Yes ____ No ____

If you have been a Christian, why do you believe you aren't one now?

If you aren't a Christian, are you interested in becoming one? Yes ____ No ____

What is your purpose for applying to Jericho Commission, which is a Christ based re-entry program?

Do you have a church you're planning to attend?

If not, do you want Jericho Commission to help you find a church?

What is your denominational preference?

Do you have a pastor/Chaplain?

Pastor/Chaplain's name:

Pastor/Chaplain's telephone #:

Have you completed Bible seminars, studies or courses?

How many?

How often – weekly ____ monthly ____ yearly ____

Why do you want to be involved in a mentoring relationship?

How do you feel it can help you?

Incarceration Information

Are you incarcerated?
Date of incarceration?
Bop reg. # or DOC #
Location of incarceration?
Anticipated release date:
Will you be released on parole or supervised release?

If supervised, how will you be released?

PO's name (if known)?
PO's phone number (if known)?
When will you be released from parole?
Proposed residence after release?

Education

What level of education have you completed?
High School _____ College _____ GED _____ Trade School _____
What are your educational interests?

Employment

What are your employment/work experiences?

If employed, where?

If not employed, what are your employment plans?

If not employed, how do you intend to support yourself?

Do you have any savings?

Do you have outstanding debts or court ordered obligations?

List amounts and balances:

Transportation

What are your plans regarding transportation?

Do you have a valid driver's license?

Health

Do you have any physical health problems?

What are they?

Are you taking any medications for them?

If yes, list the medications:

Will you require any ongoing care for physical health issues?

Do you have any mental health problems?

What are they?

Are you taking any medications for them?

If yes, list the medications?

Will you require any ongoing care for mental health issues?

Family

Marital status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

What is your relationship with your spouse/ex-spouse? ___ Good ___ Fair ___ Bad

Is your spouse a Christian?

Would your spouse like a visit from a minister?

Do you have children?

If you have children, list names and birthdates?

Relationship with your children? ___ Good ___ Fair ___ Bad

Describe your contact with your family and how often:

Do you have any restrictions concerning your spouse or children?

Housing Issues

Do you have secured housing?

Yes ___ No ___

What are your long-term housing plans?

Please explain:

Addictions/Substance Abuse

Describe, if any, your history of addictions and substance abuse:

Describe, if any, the treatment you've received:

Do you/.or will you have mandatory treatment for substance abuse?

Interests/Hobbies

What are your interests?

What are your hobbies?

REFERRAL

Pastor or Chaplain:

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

If no pastor or chaplain list a Sunday School teacher, Elder, Deacon, PO, or other significant person:

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

"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 _____

Send this complete application to:

**Jericho Commission
PO Box 3067
Springfield, MO 65808**

You are encouraged to make a copy for yourself.

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 or released from my church, Pastor, acquaintances, and 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, volunteer performances, 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 my release plan.

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 _____

Revised 04/22/2010