



Hope Prison Ministries, Inc.
3515 Sycamore School Road
Suite 125-PMB 172
Fort Worth, TX 76133
O: (817) 323-7686
chandler@HopePrisonMinistries.org
www.HopePrisonMinistries.org

Aftercare Mentoring and Assistance Application

Dear Applicant,

Our services may include but are not limited to:

- Transportation to and from parole/probation, classes, church, employment, etc.
- Parole/probation mediation
- Food, clothing and shelter
- Cell phone and unlimited service plan purchase
- Spiritual counseling, mediation and reconciliation with loved ones
- Education and employment assistance and placement
- And the list goes on!

Best illustrated by the Book of Ruth, the following three criteria for biblical charity are how we decide who we are willing to help: 1) faith, 2) family, and 3) work. We help those who profess faith in Jesus and whose lives indicate they are serious about living a Christ-centered lives. We seek to obtain financial support from you, your friends, family, private donors or the church to help offset the cost of helping you. Then you must demonstrate that you are willing and able to find and maintain gainful employment. What we do costs money.

Unless and until you are financially able, generally, we do not require any initial support from the individuals we are helping to do what we do. But we will not cater to a sense of entitlement and our help does not come without a commitment on your part. Your willingness to make such a commitment, without compromise or negotiation is what in our mind will at least initially satisfy the first criteria: that you are serious about living a Christ-centered life.

When conflicts arise or rules are broken, generally, we follow the principles of church discipline found in Matthew 18:15-20: 1) we confront you one-on-one, 2) we confront you with a witness, 3) there will be consequences and we may choose to sever our relationship with you until you bear fruits worthy of repentance. There may be times when we must, for the safety and protection of all concerned and the integrity of our ministry, terminate our mentoring of and assistance for you immediately. Please read the rules on the following pages carefully. If you have questions, ask. Once you commit, we will not accept excuses. Thank you for your interest in our assistance.

In Christ Alone,

Chandler Fozard, preside



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Rules and Conditions for Aftercare Program Participants

The following rules of conduct shall be in effect for any Participant in HPM's Aftercare program. Violation of any rule, at the sole discretion of the staff, may be cause for immediate termination from the program. *Please initial each rule signifying that you have read and fully understand it. Exceptions to some rules may be considered but may only be granted by THE MENTOR and must be in writing. Participants SHOULD NOT initial to the right of any Exception noted below; this space is for THE MENTOR.

1. If applicable, in consideration of receiving room and board from the ministry or one of its partners, all guests agree and understand that they are considered guests and that violation of any of the rules and conditions will result in termination of the host/guest relationship between the Ministry and the guest. Upon request by the Staff of the Ministry, the guest will immediately vacate the premises of the Ministry. Failure of the guest to do so will constitute criminal trespassing as that term is defined in Penal Code s30.05. The refusal of the guest /trespasser to vacate the premises will subject him or her to arrest. _____
2. With the understanding that Participants will never be asked to do anything Scripture or the legal system would forbid, and that all instructions are given with the eternal good of the Participant in mind and to the glory of God, Participants agree to do what they are told, when they are told, how they are told. _____
3. Participants agree to meet/attend/view classes as instructed covering topics such as theology, the Christian worldview, communication, anger management, marriage, family, parenting, budgeting, life skills, addictions, etc. for the purpose of being transformed by the renewing of their minds that they may know God's will for their life (Romans 12:1-3). Participants should be prepared to provide notes and summaries of what they've learned upon request. _____
4. Participants agree to allow the installation of software on their mobile phone which allows for the tracking of all messages, phone calls, applications, their location, etc. The purpose of which is to prevent the use of technology for sinful purposes such as viewing pornography, trying to arrange for sexual encounters outside of marriage, drug or alcohol related activity, etc. _____
5. Participant understands that the mobile phone is the property of the ministry until such time as the Participant pays for the phone and/or the Participant is authorized to keep it by the Ministry. Should the participant voluntarily leave the Ministry or be asked to leave, the Participant understands he/she must return the phone to the Ministry. _____
6. All Participants who are guests of the Ministry agree to worship at the church of their assigned mentor's choosing on Sunday morning. No exceptions will be made. If a Participant desires to worship at another church this will require finding a new place to live before doing so. _____
7. All Participants are required to track the time spent in educational classes and/or seeking employment. A lack of effort from the Participant is grounds for being terminated from the Program and immediately asked to leave. _____
8. Participants are required to introduce any friends, relatives and associates to THE MENTOR for orientation and approval as an "Approved, Positive Influence" of the Participant. Participant agrees NOT to continue association with anyone THE MENTOR deems unacceptable, and further understands that continued association with such may be grounds for immediate dismissal from THE MENTOR. _____
9. The staff will enter and inspect the residence of the Participant unit during the course of the program with or without notice. _____
10. No illegal activity of any kind will be permitted. _____



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11. Alcohol, drugs, and/or firearms are strictly prohibited. You may not be on the premises with drugs or alcohol in your system even though they were consumed elsewhere. **Participant also agrees, at their own expense, to random drug and alcohol testing at the discretion of the Director or other staff. Any visitor will be expected to abide by the same rules.** Refusal by a Participant or visitor of the Participant to drug/alcohol testing will result in immediate expulsion from THE MENTOR. Any and all pain or narcotic medications must be turned into and dispensed from the office. If these medications are found in a Participant's apartment, it could result in termination from the program. _____
12. Smoking is permitted but only OUTSIDE and in the back yard. There is to be no loitering in front. **THE MENTOR will NOT purchase tobacco for the Participant with money being given for the Participant's support. DO NOT ASK.** _____
13. If allowed by your probation or parole, Participants agree to use the computer and Internet for its intended purpose of job searching, Bible study and related activities. Participants MUST NOT use the computer or Internet for inappropriate activities such as viewing pornography or other illegal or inappropriate activity. _____
14. You agree to log in and log out of the apartment and to make your whereabouts known at all times, including any changes. _____
15. Except for employment reasons, a 10:00pm curfew is enforced every day including weekends. _____
16. Quiet hours exist between 10:00pm and 7:00am. During these hours, keep noise levels to a minimum. No outside activities after 10:00pm. _____
17. Participants must agree to obtain a job that enables them to be back on the premises for classes unless an exception is granted by THE MENTOR. When you are not working you will be expected, when necessary, to volunteer your services to THE MENTOR in any way the staff feels appropriate. _____
18. Unless an exception is granted, all Participants are required to report any income and/or payroll information and to deposit said funds in an account under in the name of the Participant, but under the exclusive monitoring and management of THE MENTOR. **Cashing/depositing of checks is a direct violation of THIS AGREEMENT and could lead to termination from the program.** All paychecks and/or other income will be deposited into each Participant's individual account. Participant will then be issued cash from the Participant's account by THE MENTOR to cover all expenses as budgeted for the coming week. All income will be deposited into the Participant's account and cannot be withdrawn from the account unless budgeted for and/or the Participant leaves the program. _____
19. After employment has been obtained, the Participant agrees to begin tithing 10% to the local church and 10% to Hope Prison Ministries, Inc., for its help so that the Ministry may continue to help others.
20. The Participant understands that THE MINISTRY does not offer health insurance and is not liable for seeking or providing medical treatment of any kind. The Participant shall be 100% liable for all medical treatment and/or expenses. THE MINISTRY will make every effort to provide transportation to said appointments but will in no way be liable for such transportation. If the Participant is experiencing a medical emergency, the Participant should call 911 from their cell phone. _____
21. In consideration of the services provided by HOPE PRISON MINISTRIES, all Participants must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against the Ministry, Board of Directors, staff, volunteers, or Fort Worth Presbyterian Church, for negligence or any other reason, and hereby releases, by signing this application, HOPE PRISON MINISTRIES, THE MENTOR, its Board of Directors, staff, volunteers, and Fort Worth Presbyterian Church, from any such claim, complaint, or suit. _____



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Rules Agreement and Signature Page

I understand the above rules, conditions and release. I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I further authorize any reference or ministry/church listed in this application to furnish HOPE PRISON MINISTRIES any information (including opinions) that they may have regarding my acceptance. I authorize HOPE PRISON MINISTRIES to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background as required by the ministry. I hereby authorize HOPE PRISON MINISTRIES to conduct a criminal background inquiry. I understand that HOPE PRISON MINISTRIES requires such an inquiry before providing mentoring or assistance under this agreement. In consideration of this assistance, I hereby release any reference, including individual, church, youth organization, charity, employer, both collectively and individually, from any and all liability for damages occurring as a result of HOPE PRISON MINISTRIES's processing of this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of HOPE PRISON MINISTRIES and THE MENTOR and to refrain from unscriptural conduct during my residency.

I HAVE CAREFULLY READ THE FOREGOING RULES, OBLIGATIONS AND RELEASE. WITH MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE CONTENT THEREOF AND I SIGN THIS RELEASE AS AN ACT OF MY OWN FREE WILL.

PRINT NAME

SIGN NAME

DATE



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Aftercare Mentoring & Assistance Program Application

(All questions must be fully completed or no interview will be granted.)

Date of Application: _____

Name of Applicant: _____ TDC#: _____

Expected Released Date: _____ Type of Release: Probation Parole Discharge
 If probation or parole, has it actually been granted: YES NO (a decision is pending)

Current Address/Facility: _____

Current Phone: _____ Current Email: _____

Marital Status: Married Single Divorced/Separated

Spouse's Name: _____

Spouse's Address: _____

Spouse's Phone: _____ Spouse's Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Contact's Phone: _____ Contact's Email: _____

Identification - Please indicate the status of each form of identification:

IDENTIFICATION	NUMBER	HAVE	DO NOT HAVE	APPLY/REPLACE
Birth Certificate		Y N	Y N	Y N
Social Security Card		Y N	Y N	Y N
State Identification		Y N	Y N	Y N
Drivers License		Y N	Y N	Y N



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Personal History

Previous Address: _____

City: _____ ST: _____ Zip: _____ Ph: _____

If any, please provide the names and ages of your children (If more, please continue on separate piece of paper):

Name	Age	Where are they now?

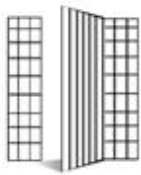
If married or separated, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

If a parent, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

Criminal History:

Charge(s)/Conviction(s): _____ Prosecuting County: _____

Details: _____



**HOPE
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Please tell us more about your faith. When and how did you become a Christian? What does it mean to be a Christian?

Briefly explain why you desire to stay with us:

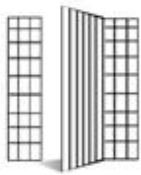
Education History

LEVEL	SUBJECT / DEGREE	COMPLETED
HIGH SCHOOL / GED	DIPLOMA	Y N
COLLEGE		Y N
TRADE / VO-TECH		Y N

Family Information

Mother Living: Y N Father Living: Y N Grandparent's Living: Y N

Who Raised You? _____



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Relative Contact Information

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

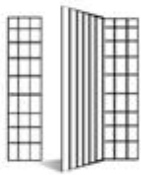
Transportation Information

Do you own a car? Y N Year/Make/Model: _____

Sin History

Present alcohol use? Yes No Do you smoke? Yes No Present drug use? Yes No
 Yes No Pornography? Yes No Sexual Sin (Acted upon)? Yes No

Additional Information: _____



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Drug History

SUBSTANCE	QUANTITY	LENGTH OF USE (YEARS)

Have you ever attended a drug rehabilitation center? Yes No (Include programs while incarcerated)

Is yes, when: _____ Where? _____

Do you currently smoke? Yes No

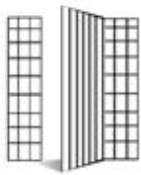
Health History

Please list any known medical conditions: _____

Please list any mental health history / diagnoses: _____

Please list any prescribed medications you are currently taking:

PRESCRIPTION	DOSAGE	REASON



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PRESCRIPTION	DOSAGE	REASON

Employment History

COMPANY	POSITION	ESTIMATED DATES	ELIGIBLE FOR REHIRE	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

Income / Expenses (SSI / parole / probation fees, court costs, tickets, surcharges, restitution etc.)

INCOME / EXPENSE	SOURCE	AMOUNT



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Religious Background

Are you currently or have you ever been a church member? Yes No When / Where?

If YES, what denomination? _____

How does your faith show in the life you lead?

What religious activities/programs have you participated in while incarcerated?

Goals

Please list three short-term goals:

1. _____
2. _____
3. _____

Please list three long-term goals:

1. _____
2. _____
3. _____



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Please list any perceived/expected obstacles to living the Christian life or achieving your goals (past or current pet sins, other obstacles such as financial stress, etc.)

References

NAME	RELATION	COMPANY	CONTACT INFO (PHONE, EMAIL OR TDCJ ID)

Please use the following forms to request references and/or financial support for you. If you are uncomfortable asking your friends or family for financial support because of your history, please provide their contact information and we will contact them on your behalf. Your application is not complete until we receive all the requested references. Your signature below indicates that you have read and agree to, by God's grace, live within all the policies and guidelines of THE MENTOR for Christian Living.



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Statement of Friends/Family Support

_____ has applied for acceptance into the aftercare program of Hope Prison Ministries, Inc. The estimated cost of living and care for a Participant is approximately \$1,500/mo., which includes food, clothing, shelter, time and transportation. Many ex-offenders have been blessed with friends and family that have graciously provided them with regular deposits into their trust fund while they have been incarcerated. In exchange for providing our Participants with the resources they need to grow in grace and truth and to reintegrate successfully into society, we would ask that you consider continuing to support him by sending gifts directly to, in the name of, and for use by Hope Prison Ministries for his care.

I/we will continue to support _____, # _____, with the sum of \$ _____ / weekly _____ /monthly for as long as the Lord will enable us to do so.

At any rate, we must insist that you agree to no longer, under any circumstances send finances directly to him. Any violation of this policy may result in his dismissal for the program. This policy is in place to protect all concerned and to ensure his successful completion of our program. At the end of the program, all remaining funds will be returned pursuant to our agreement with him.

Signed and agreed to this _____ day of _____, 2010, by:

Signature

Print Name

Relation to Applicant