

Catholic Charities Welcome Home Re-Entry Program

Participant Application

Welcome Home!

Mission: To serve men and women returning to their communities after incarceration. We seek to reduce recidivism, educate the community and develop strong systems of support by building relationships and by matching returning individuals with volunteer mentors. Mentors provide practical assistance, spiritual guidance, and compassionate service.

Client Data
1. Full Name: (First, M.I., Last)
2. Email Address:
3. Date of Birth: (Date/Month/Year)
4. Income (most recent job or any assistance) (check one):
< \$25,000\$25 - \$50,000\$50 - \$75,000\$75 - \$100,000>\$100,000
5. Do you have any children? (yes/no) How many?
5. Why do you think you would be a good candidate for this program? Explain:

I understand that, as part of the Welcome Home Re-Entry Program, Catholic Charities will provide limited funding on my behalf to Oxford House. As part of this program, I will work closely a volunteer mentor for minimum 60 days to support my effort to remain in the community. In order to perform this work, I understand and consent to the exchange of personal information between Catholic Charities and the following agencies/businesses: County Social Service Organizations, Social Service Non-profits, Faith-based Organizations, and other relevant Charities.

The information exchanged will be used for professional purposes only. It includes information such as name, address, and telephone number as well as any other information deemed important for the delivery of services.

Signature _____ D

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This consent automatically terminates one year from the date of signature, unless otherwise specified herein.

For more Information email <u>debra.beard@ccda.net</u> or <u>keith.henderson@ccda.net</u>





Prison Ministry CLIENT Criminal Background Check Authorization

A completed criminal background check is required for mentoring within Catholic Charities' prison ministry programs.

*<u>Please print clearly or type</u>. Illegible forms will be <u>returned delaying the approval</u> <u>process</u>. There will be no exceptions.

Last Name	Middle Name Requ	uired First Name		
Last Home Address				
City	State	Zip		
Please list any prior states of re	sidence if you are new to Virgir	nia		
Maiden Name/Aliases	/ Gender/Race	Date of Birth (MM/DD/YYYY)		
Social Security Number: confidential.)		(SS# is required and completely		
*Margot Chavez	*Prison Ministry			
*Supervisor to be not Please print	-	ram and location to be arged		

I hereby give my permission to Catholic Charities of the Diocese of Arlington to obtain information relating to my criminal history record. I understand that as long as I remain a mentee, the Criminal History Records check may be repeated at any time. I understand that I will have an opportunity to review the Criminal History and a procedure is available for clarification, if I dispute the record as received. I, the undersigned, do, for myself, my heirs, and executors, hereby release and forever discharge Catholic Charities of the Diocese of Arlington and each of its officers, employees, and agents from and against any and all causes of action, charges, liabilities, claims including court costs, expenses and attorney's fees resulting from the investigation of my background in connection to my volunteer assignment with Catholic Charities.

*Applicant's Signature

*Date

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