

**OUR HOUSE OF HOPE
P.O. Box 7893
HAMPTON, VA 23666**

"We exist to provide a pathway to restoration for Returning Citizen into society."

OHOH
Directors

Training Center Manager

APPLICATION

PERSONAL INFORMATION:

Name: _____ Institutional Number: _____
Institutional name and address: _____
Date and Place of Birth: _____ Soc. Sec. #: _____
Single: _____ Married: _____ Separated: _____ Divorced: _____
Wife's name and address: _____
No. of children: _____ City and State: _____ Phone: _____
Applicant's permanent address _____
Charge(s): _____ Sentence: _____ Start Date: _____ Mandatory: _____
Sentencing Judge: _____ Attorney: _____ Probation Officer: _____
Detainers: Yes: _____ No: _____ If yes, explain: Institutional
Counselor: _____ Birth Certificate? Yes/No (circle one)

PREVIOUS OFFENSE(S):

Juvenile Court (include date and age): _____
How many times arrested: _____ Number of jail terms: _____
Penitentiary terms served: _____ Number of previous probation violations _____

EDUCATION AND TRAINING:

Highest Level completed: _____ Grade: _____ College: _____ GED: _____
Age left school: _____ Apprentices hours (years): _____ Driver's License ? _____

WORK:

Jobs held: _____
Longest period on one job: _____ Type of work you like: _____
Type of work you dislike: _____

Health:

Have you had any surgeries in the last 5 years? ___ - If yes please providedetails

Are you on any prescription medications? Please list name, strength and dosage

Do you have any chronic, (constant) illnesses? ___-If yes please explain

Are there any physical limitations that will prevent you from doing any manual labor? If yes, please explain.

SPECIAL PROBLEMS: *(PLEASE NOTE: THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY)*

1. Are you a Christian and do see the Bible as the foundation of your Faith:_____

2. Applicant's summary of past problems:

3. Applicant's summary of needed attitude changes, and the actions which may be necessary in solving these problems.

4. List all the goals that you would like to accomplish while in the program:

5. How does your family feel about your new life in Christ?

6. Is your family willing to support your stay and abide by the rules of Our House of Hope?_____

PLEASE NOTE: This *application should be submitted in advance to enable the OHOH Staff time to give proper attention to it.* Remember the number of people we can accommodate is limited; therefore, acceptance is made on a space-available basis.

I fully understand and agree to comply with all the rules and regulations listed within this application, as long as I am a resident of the OHOH Training Center.

Signature: _____ Date: _____

I, _____, Register Number: _____, do hereby authorize employees of the Department of Corrections, and the employees of any facility contracting with the Department of Corrections to release any or all of the contents of information in my Inmate Central File to educational facilities, social agencies, prospective employers, etc., for the purpose of assisting in all phases of community programming and release planning. I also authorize the above persons to advise prospective employers that I am currently in the custody of the Virginia Department of Corrections, serving sentence under the supervision of the Virginia Parole Commission or Virginia Probation Office. This consent will remain in effect until my release from supervision or until revoked in writing by me.

Witness's Signature

Date

Applicant's Signature

Date