



**APPLICATION FOR ADMISSION**

**I. GENERAL**

**Today's Date:** \_\_\_\_\_

1. Name: \_\_\_\_\_  

First	Middle	Last
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2. Present Address: \_\_\_\_\_  

Street	City	State	Zip
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3. Phone :(     ) \_\_\_\_\_ SS Number: \_\_\_\_\_
4. Another Phone :(     ) \_\_\_\_\_ Friend/Relative Name: \_\_\_\_\_
5. Referred to Transformation Project by: \_\_\_\_\_  

Name	Phone	Relationship
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6. Attorney: \_\_\_\_\_  

Name	Phone	Address
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**II. PERSONAL**

1. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Are you eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_
3. Last grade completed: \_\_\_\_\_ GED? Yes \_\_\_\_ No \_\_\_\_
4. Served in any branch of the military? Yes \_\_\_\_ No \_\_\_\_ Type of discharge? \_\_\_\_\_

**III. LEGAL**

1. What criminal charges are pending? \_\_\_\_\_
2. Do you have previous convictions? Yes \_\_\_\_ Number \_\_\_\_ No \_\_\_\_
3. If yes, what were the charges? \_\_\_\_\_

**IV. WORK EXPERIENCE**

1. Previous jobs: \_\_\_\_\_
2. Job skills: \_\_\_\_\_

**V. FAMILY/RESIDENCE**

1. Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Common law \_\_\_ Widowed \_\_\_ Remarried \_\_\_
2. Do you have any children? Yes \_\_\_ Number \_\_\_ No \_\_\_  
Court ordered to pay child support? Yes \_\_\_ No \_\_\_
3. Do you plan to return to the above address after your release? Yes \_\_\_ No \_\_\_
4. If no, what other address? \_\_\_\_\_  
House/Apt. # Street City State Zip

**VI. TRANSPORTATION**

1. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_  
Do you have a vehicle for classes/work? Yes \_\_\_ No \_\_\_
2. Do you live on a bus line? Yes \_\_\_ No \_\_\_  
Do you have available transportation for evenings/Saturdays? Yes \_\_\_ No \_\_\_

**VII. HEALTH**

1. Is there any medical reason that would prohibit your safe participation in this program? Yes \_\_\_ No \_\_\_
2. Are you currently using drugs or alcohol? Yes \_\_\_ No \_\_\_

**VIII. CONSENT**

1. If your application is approved, are you willing to sign Consent or Release forms for Medical Information, Criminal Records, Photo Use, Confidential Information, Treatment, including random drug testing, etc?: Yes \_\_\_ No \_\_\_
2. If your application is approved, are you willing to sign a Participant's Agreement to abide by the court ruling, attend all classes including the community service details two Saturdays each month for six months? Yes \_\_\_ No \_\_\_
3. I understand that non-compliance and falsifying any documents with the Transformation Project may result in the termination of my participation and my return to jail. It is mandatory that my absenteeism is reported to the District Attorney's office and to the Police Department/County Sheriff's Department which may lead to a warrant for my arrest. It is my intention to cooperate to my fullest potential for a successful outcome.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Application Assistant