| House of Bread 1200 Campbell Ave SW  Roanoke, VA 24016  540.524.2327  houseofbreadroanoke@gmail.com An ecumenical non-profit dedicated to strengthening women through God’s grace, loaf by loaf. | C:\Users\Jordan Hertz\AppData\Local\Microsoft\Windows\INetCache\Content.Word\House of Bread image.jpeg |
| --- | --- |

House of Bread is a program for under-resourced women. Through friendship we share tools to help them begin anew—tools for restoring confidence, dignity and hope.

Over the course of a six-week session, women learn job and personal skills through hands-on training, coupled with emotional and spiritual support, while baking and selling bread alongside volunteers from the Roanoke community. In addition to learning basic kitchen and baking skills, women receive ServSafe food handler and/or manager training, develop customer service experience, and partner one-on-one with mentors who work with them to set and meet goals.

The House of Bread application is a two-step process. It involves completion of this application and an interview.

*Completed applications should be mailed to the House of Bread office at the address above or emailed to* [*houseofbreadroanoke@gmail.com*](mailto:houseofbreadroanoke@gmail.com)*.*

**To be eligible to participate in the House of Bread program, applicants must be:**

1. Serious about beginning anew, developing realistic life goals, and dedicated to working towards them.
2. Able to participate fully in a structured environment and open to developing emotionally healthy friendships with other individuals involved in House of Bread.
3. Committed to adopting healthy life behaviors and attitudes.
4. Free of alcohol, controlled substances and non-prescribed drugs during the entire House of Bread program.
5. In compliance with Probation and Parole, if on supervision, and any other positive life-enhancing programming to which the applicant is committed.

**House of Bread Session Information:**

**Dates:** The program generally runs 2-3 times per year; applications are accepted any time for the upcoming session.

**Baking Location:** LEAP Kitchen, 1210 Patterson Ave, Roanoke, VA.

**Meeting Days:** Students will meet on Monday and Wednesday mornings. Class time will include ServSafe training, baking days, and life skills workshops.

**ServSafe:** The first two weeks of the session students will receive ServSafe training. Students must be present for both classes and commit to studying and taking the ServSafe Food Handler exam.

**Mentoring:** Each student commits to meeting at least once a week with her assigned mentor and completing tasks as requested by her mentor.

**Mock Interview Clinic:** A Mock Interview Clinic will be held during the 6 weeks and all students are expected to participate. A graduation celebration will take place at the end of the session.

*A weekly Educational Stipend is available to students that fully participate, meeting all requirements of the House of Bread program.*

**House of Bread Program Requirements**:

Read and Initial EACH item below.

1. \_\_\_\_\_I understand that attendance at the weekly baking and/or classroom sessions is required and that any excused absence must be approved in advance by House of Bread staff.
2. \_\_\_\_\_ I understand that I must be on time and stay for the entire program.
3. \_\_\_\_\_I understand that I am expected to take the ServSafe Food Handler exam and participate in a Mock Interview Clinic.
4. \_\_\_\_\_I understand that I am expected to meet with my assigned mentor at least once a week for the duration of the program.
5. \_\_\_\_\_I understand that negative or aggressive behaviors or speech toward House of Bread staff, volunteers, or fellow students will not be tolerated and will result in expulsion from House of Bread programming.
6. \_\_\_\_\_I understand that House of Bread is a Christian faith-based program and I am comfortable with exposure to these practices and beliefs.
7. \_\_\_\_\_I understand that I must be clean and sober at the beginning of and throughout the House of Bread program.
8. \_\_\_\_\_ I understand that if I am currently under the care of a psychiatrist prescribing medication, I must be compliant in taking my medications.
9. \_\_\_\_\_I understand that my mobile phone will be held for me during all House of Bread activities and returned at the end of the programming.
10. \_\_\_\_\_I understand that House of Bread and the LEAP kitchen are not responsible for damage, loss or theft of my personal property.
11. \_\_\_\_\_I understand that if asked to leave House of Bread, I must comply immediately and may appeal my dismissal in writing to House of Bread’s executive board for an opportunity to present my case for reinstatement.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize House of Bread to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Program to: 

**Case Manager:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Probation or Parole Officer:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the above named to release any and all information about professional services I have received from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Dates of service) including but not limited to, records of appointments, diagnostic information, and course of treatment to House of Bread for the purpose of collaboration.

This release of information shall expire one year after the date of signature on this form, unless revoked by me in writing at an earlier date.

Applicant/Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

House of Bread Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**General Information (Please Print Neatly)**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your current living situation permanent? Y / N

If no, what is your move-out date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred method of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Photo ID? Y\_\_\_\_\_ N\_\_\_\_\_\_\_ Valid driver’s license? Y\_\_\_\_N\_\_\_\_

Other places you have lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who referred you to House of Bread?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (case manager, sponsor, friend)

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family:** Social History Relationship Status (married, single, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children/Dependent(s)? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

If yes, what are their ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Custody? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_

**Transportation**

What is your current mode of transportation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

High school diploma/GED? Y / N College or vocational training? Y / N

If yes, what training/degree do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have future educational plans?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health and Medication**

Please describe any mental health issues you have faced in the past or continue to struggle with. Describe any treatments you have received or are receiving currently for any mental health issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drug & Alcohol Abuse**

Please describe and explain any past issues of drug or alcohol abuse including any treatment facilities or twelve step program you are now or were a part of in the past. Why are you now committed to remaining sober and clean?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been sober? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal History** (Please be honest – this information helps us serve you better!)

Do you have any warrants, upcoming court dates or active legal problems?

Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? Y\_\_\_\_\_ N\_\_\_\_\_

Total number of offenses (it’s fine to estimate if you don’t know exactly:

Felonies: \_\_\_\_\_\_\_\_\_\_ Misdemeanors: \_\_\_\_\_\_\_\_\_\_\_\_

Total time spent in jail/prison: \_\_\_\_\_\_\_\_\_\_ Most recent release date: \_\_\_\_\_\_\_\_\_\_

Primary charges on your record (possession, larceny, traffic violations, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on Probation? Y\_\_\_\_\_\_N\_\_\_\_\_\_\_ Time left on probation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Probation Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Are you currently employed? Y / N

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not currently employed, what kind of job are you looking for? \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous ServSafe certification: Y / N If yes, date received:\_\_\_\_\_\_\_\_\_\_\_

Why do you want to be in the House of Bread program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some goals you would like to work on with your mentor? \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While House of Bread is a Christian faith-based program, students from all types of faith backgrounds are welcomed and no student will ever be required to profess specific beliefs or forced to actively participate in faith-based components. Do you have any questions or concerns about the faith based programming of House of Bread? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applications may be mailed or emailed. See page 1 for necessary addresses.*