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| House of Bread1200 Campbell Ave SWRoanoke, VA 24016540.524.2327houseofbreadroanoke@gmail.comAn 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 women who are coming out of incarceration. Through friendship we share tools to help them begin anew—tools for restoring confidence, dignity and hope. Over the course of an eight-week session, women are exposed to new skills through supportive relationships, hands on training, and spiritual development while baking bread alongside volunteers from the community. In addition to learning basic kitchen and baking skills, the women in the program receive ServSafe food handler training and partner one-on-one with volunteers who shepherd them through a job search and resume building process. Each session culminates with the ServSafe certification exam and a mock interview clinic as well as a graduation celebration.

This House of Bread application is a two-step process. It involves completion of this application and a screening interview. If an applicant experiences reading or language barriers when completing this application, they should contact the House of Bread office. House of Bread staff are happy to read the application out loud to the applicant and/or serve as support for an applicant while they fill out this application.

**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 programmed environment and open to developing emotionally healthy friendships with other individuals involved in House of Bread programming.
3. Committed to adopting healthy life behaviors and attitudes.
4. Free of alcohol, controlled substances and non-prescribed drugs at the beginning of programming and throughout the entirety of House of Bread programming.
5. In compliance with Probation and Parole, if on supervision, and any other positive life enhancing programming to which the applicant has committed themselves.

**House of Bread Information:**

Dates: Program dates vary but sessions typically begin in September, January, and April.

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

Baking Sessions: Baking and classroom work takes place on Friday mornings from 9 AM until 1:30 PM. Applicants should be available every Friday during these hours for the full 8 weeks.

Mock Interview Clinic: A Mock Interview Clinic will be held toward the end of the 8 week session.

An Educational Stipend of $50/week is available to students that fully participate in the program.

Applicants commit to attending all weekly baking/classroom meetings and meeting once per week with their assigned mentor. Students are also expected to complete ServSafe homework assignments, participate in the mock interview clinic, and take the ServSafe food handler exam.

**House of Bread Program Requirements**:

Please read and Initial EACH item below.

1. \_\_\_\_\_I understand that weekly attendance is required Fridays 9 to 1:30.
2. \_\_\_\_\_I understand that I will have ServSafe homework and will complete assignments before class.
3. \_\_\_\_\_I understand that I am expected to meet with my assigned mentor at least once a week during the 8 week program.
4. \_\_\_\_\_I understand that I will take a ServSafe Food Handler’s Exam.
5. \_\_\_\_\_I understand that I am expected to participate in an Interview Clinic.
6. \_\_\_\_\_I understand that negative or aggressive behaviors or speech toward House of Bread staff, volunteers, or fellow students will not be tolerated.
7. \_\_\_\_\_I understand that the House of Bread program is based on the Christian faith and am comfortable with exposure to the practices and beliefs of this faith.
8. \_\_\_\_\_I understand that I must be clean and sober at the beginning of and throughout all House of Bread programming.
9. \_\_\_\_\_ I understand that if I am currently under the care of a psychiatrist prescribing medication, I must be compliant in taking my medications.
10. \_\_\_\_\_ I understand that I must be on time and stay the entire program.
11. \_\_\_\_\_I understand that any excused absence must be approved in advance by House of Bread staff.
12. \_\_\_\_\_I understand that my mobile phone will be held for me during all House of Bread baking and classroom time to avoid distractions.
13. ­­\_\_\_\_\_ I understand that I must be willing to accept instruction and complete the work that is assigned to me with a positive attitude.
14. \_\_\_\_\_ I understand that I must have a willingness to confront my personal challenges and/or barriers.
15. \_\_\_\_\_I understand that House of Bread and the LEAP kitchen are not responsible for damage, loss or theft of my personal property and I will leave valuable items at home.
16. \_\_\_\_\_I understand that House of Bread supervisors may dismiss any student that exhibits aggressive, abusive, or threatening behaviors.
17. \_\_\_\_\_I understand that if asked to leave House of Bread, I must comply immediately and may appeal my dismissal to the House of Bread board.

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

This form is not mandatory but may help the student’s mentor partner with other agencies to assist her:

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**

Legal Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_ US Citizen Y\_\_\_\_N\_\_\_ Hometown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid driver’s license? Y\_\_\_\_N\_\_\_\_ Are you eligible for one? Y\_\_\_\_\_\_N\_\_\_\_\_\_\_

Please list other cities/counties where you have lived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Contact information: Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Housing:** What is your current living situation (where, whom with)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a secure place to live for the next 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Move out date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your plan for securing housing afterwards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social History Relationship Status (married, single, dating, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children/Dependent(s)?

Name Age Custody (Y/N) Where are they currently living?

1.

2.

3.

4.

**Support:**

Do you pay child support? \_\_\_\_\_\_\_\_\_ Receive child support? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

High School Diploma? \_\_\_\_\_\_\_\_ GED? \_\_\_\_\_\_\_ Have you completed any vocational or college training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Transportation**

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

Can you get to the LEAP kitchen by 9 AM on Friday mornings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Abuse History**

Do you have a history of substance abuse? \_\_\_\_\_\_\_\_\_\_\_\_

What substance(s) have you primarily misused? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you begin using? \_\_\_\_\_\_\_\_ How long have you been sober? \_\_\_\_\_\_\_\_\_

What recovery support to do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Health and Medication**

Do you have a personal physician? \_\_\_\_\_\_\_\_\_\_\_\_ Dentist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you go for medical care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Physical Health (circle one): Excellent Good Fair Poor

General Dental Health (circle one): Excellent Good Fair Poor

Are you on any medications? Y \_\_\_\_\_N\_\_\_\_

Do you need help finding care for any current medical/dental issues? \_\_\_\_\_\_\_\_

Do you have any serious food allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe and explain 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.

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

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**Legal History**

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

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

**Criminal history (answer as accurately as possible & estimate if needed):**

Year of first offense\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of Misdemeanors: \_\_\_\_\_\_\_\_\_\_\_ Felonies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount of time spent in jail/prison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most recent release date:

Are you on Probation? Y\_\_\_\_\_\_N\_\_\_\_\_\_\_

PO Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Jurisdiction (city/county, state/federal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Are you currently employed? \_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently looking for a job? \_\_\_\_\_\_\_\_\_\_

Preferred type of job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where have you worked in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have previous ServSafe certification: Yes No

If yes, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any food service experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you could have any job, what field(s) interest you? Dream big!

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

Why do you want to participate in House of Bread?

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What do you hope to receive from House of Bread?

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What is one thing you would like us to know about you?

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

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House of Bread is a faith-based program with a spiritual growth component from a Christian perspective. All are welcome, regardless of beliefs or faith background. Do you have any questions or concerns about this?

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*Applications may be mailed, emailed, or submitted in person. See page 1 for necessary addresses. Applications may also be submitted to any of our partner organizations.*