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| House of Bread 1837 Grandin Rd. SW  Roanoke, VA 24015  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 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 a eight-week session women are exposed to new skills through supportive relationships, hands on training, and spiritual development while baking and selling 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, develop marketing and customer service skills, 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

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 2018 Fall Session Information:**

Dates: September 24-November 16, 2018

Baking Location: Local Environmental Agriculture Project Inc. (LEAP) Kitchen, 1210 Patterson Ave, Roanoke, VA.

Baking Sessions: Students will either be assigned to an evening or a morning baking time. A baking session lasts for 3.5 hours.

Mock Interview Clinic: A Mock Interview Clinic will be held on the sixth week.

An Educational Stipend is available to students that take part in House of Bread programming.

Applicants commit to baking 1 day a week during the 5 weeks of training. If accepted into the program applicants will be assigned to either Group 1 or Group 2 training groups dependent upon their other obligations and the needs of House of Bread scheduling. Additionally, applicants commit to meeting at least once a week with their assigned mentor, selling House of Bread goods at least once a week, completing ServSafe homework assignments thoroughly and in advance of their baking sessions, taking the ServSafe exam at the end of their training course, and participating in a Mock Interview Clinic as a culmination to House of Bread programming.

**House of Bread Program Requirements**:

Read and Initial EACH item below.

1. \_\_\_\_\_I understand that attendance at my assigned weekly baking session is required.
2. \_\_\_\_\_I understand that I will have weekly ServSafe homework and that I am expected to complete this homework in advance of the baking sessions.
3. \_\_\_\_\_I understand that I am expected to meet with my assigned mentor at least once a week for the duration of the programming.
4. \_\_\_\_\_I understand that I will help sell House of Bread products once a week as a part of training.
5. \_\_\_\_\_I understand that I will take a ServSafe Food Handler’s Exam at the end of my training.
6. \_\_\_\_\_I understand that I am expected to participate in a Mock Interview Clinic as a culmination of House of Bread programming.
7. \_\_\_\_\_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.
8. \_\_\_\_\_I understand that House of Bread programming is faith based programming, specifically the Christian faith, and am comfortable with exposure to the practices and beliefs of this faith.
9. \_\_\_\_\_I understand that I must be clean and sober at the beginning of and throughout all House of Bread programming.
10. \_\_\_\_\_ I understand that if I am currently under the care of a psychiatrist prescribing medication, I must be compliant in taking my medications.
11. \_\_\_\_\_ I understand that I must be on time and stay the entire program.
12. \_\_\_\_\_I understand that I must attend all programming sessions and that any excused absence must be approved by House of Bread executive staff or may result in an expulsion from House of Bread programming.
13. \_\_\_\_\_I understand that my mobile phone will be held for me during all House of Bread programming and returned at the end of the programming.
14. ­­\_\_\_\_\_ I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude.
15. \_\_\_\_\_ I understand that I must have a willingness to confront my personal challenges and/or barriers.
16. \_\_\_\_\_I understand that House of Bread and the LEAP kitchen are not responsible for damage, loss or theft of my personal property.
17. \_\_\_\_\_I understand that House of Bread supervisors are empowered to dismiss any student that exhibits aggressive, abusive, or threatening behaviors from programming.
18. \_\_\_\_\_I understand that if asked to leave House of Bread programming, I must comply immediately. However, I am entitled to appeal my dismissal in writing to House of Bread’s executive board. If House of Bread’s Executive Board finds an appeal has merit, I may be granted a personal meeting with the executive board within 7 business days of my dismissal in order to present my case for reinstatement to House of Bread programming.
19. \_\_\_\_\_I understand that after completion of House of Bread programming I commit to actively seeking employment.

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**

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

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

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

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

Mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_ US Citizen Y\_\_\_\_N\_\_\_

If no, are you legally entitled to work in the US? Y\_\_\_\_\_N\_\_\_\_ Valid driver’s license? Y\_\_\_\_N\_\_\_\_ Are you eligible for one? Y\_\_\_\_\_\_N\_\_\_\_\_\_\_

Veteran? Y\_\_\_\_\_N\_\_\_\_\_\_

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

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

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

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

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

**Emergency Contact**:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If staying in a residential program, when is your move-out date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**

Voluntary: \_\_\_\_\_\_\_\_\_\_ Court Ordered: \_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_

Identify individuals who are supportive of you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

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

Name of Institution Dates Attended Degree/Training Received

1.

2.

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

**Transportation**

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

Do you receive any funding through community organization/faith based organizations?\_Y\_\_\_\_\_N\_\_\_\_\_

If yes, how much per month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Services**

Service Agency Phone Case Worker Type of support received

1.

2.

3.

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?

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.

**Health and Medication**

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Explain briefly any health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Do you have any serious food allergies?

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

Personal Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last dental checkup: \_\_\_\_\_\_\_\_\_\_\_\_ General dental health (circle one): Excellent Good Fair Poor

Explain briefly any dental problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal History**

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

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

**Criminal history**

**Offense 1**

Date\_\_\_\_\_\_\_\_

Jurisdiction Offense (misdemeanor/felony)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Ordered Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Served\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offense 2**

Date\_\_\_\_\_\_\_

Jurisdiction Offense (misdemeanor/felony)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Ordered Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offense 3**

Date\_\_\_\_\_\_\_\_

Jurisdiction Offense (misdemeanor/felony)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court Ordered Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*attach additional sheets if you have more than 3 offenses\*\*\*\*\***

Total Number of Felonies: \_\_\_\_\_\_\_\_\_\_

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

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

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

Length of Probation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Probation/Parole Office Current Probation/Parole District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Probation/Parole Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Employment**

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

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

**Previous Employment:**

Date Reason Left Employer Position/Pay

1.

2.

3.

4.

Previous ServSafe certification: Yes No

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

List any other food service experience you have had, including any experience while incarcerated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has brought you to House of Bread?

What do you hope to give and receive from House of Bread?

Do you have any questions or concerns about the faith based programming of House of Bread?

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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.*