

BridgeLife, Inc.

Enclosed is an application packet for [BridgeLife, Inc.](#) Please complete the forms to the best of your ability. Submitting this application does not reserve any space. Currently, we are only accepting nonviolent offenders. Upon receipt, your application will be reviewed accordingly, and a reply will be sent stating your approval or not.

Before signing the Application, be sure you have THOROUGHLY read the Rules and agree to what will be required of you.

The aim of [BridgeLife, Inc.](#) is to help you (1) find TRUE FREEDOM and deliverance from the INSIDE OUT and (2) make a successful transition to life after incarceration. For the past 18 years, our organization has been helping men and women make this journey. We have found that to be successful you need to begin making positive choices in tough situations, be financially responsible and have a strong support group.

Our hope is that those accepted will take advantage of all that is offered and hit the ground running. Your success starts with you.

In Him Alone,



Darius G. Crayton
Executive Director

Enclosure

BridgeLife, Inc.

Transitional Program Entry Application

Are you applying for yourself or a loved one? (Circle one) <i>If you are applying for a loved one, please list your contact info below.</i>		Myself	Loved One
Name:	Relationship:	Phone Number:	
Email Address:			

Applicant's Personal Information

Applicant's Name:		Soc. Sec. #	AIS #	
Date of Birth:	State Born in:		Gender:	Male Female
Marital Status:	Single	Married	Divorced	Race:
Home Address:		City:	State:	ZIP:

Two References with Methods of Contact

Name:	Relationship:	Phone Number		
Address:		City:	State:	ZIP:
Name:	Relationship:	Phone Number		
Address:		City:	State:	ZIP:

Background Information

Religious Affiliation:					
Highest Level of Education:	Last Grade Completed _____	High School Grad. _____	GED _____	Vocational/ Tech Sch. _____	College _____
Name of Institution:		Should the opportunity come up would you like to get your GED? Yes No			

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Legal Information

Have you ever been convicted of a sexual offense or currently have pending charges? Yes No

Have you ever been to jail or prison? Yes No	Are you currently incarcerated? Yes No
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If you answered yes above, please explain your current situation, including charges, dates, judges, etc. (if more room is needed continue back.)

Are you required by a court official, judgment or parole board to complete a live-in treatment program?

Are you presently on: (Circle all that apply) or If any circled, what City or County:
will you be on?

Parole	Probation	Community Corrections	TASC	Court Referral	Community Service
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Parole Hearing Date?

EOS Date:

Do you have any pending cases or charges? Yes No	If you answered yes, list them below
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Charge

Court Date

County

Attorney

Judge

1

2

3

4

5

6

Medical Information

Do you have problems with or been diagnosed with any of the following conditions? (circle all that apply)

High/Low
Blood Pressure

Diabetes

Heart Condition

Open Sores

Epilepsy

HIV/AIDS

Hepatitis C

Tuberculosis

Back Problems

Joint Replacement

Mental Illness

Venereal
Disease

Other:
(Please exp.)

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Have you ever been under psychiatric care? Yes No		If Yes, When?	
Diagnosis:			
Are you Allergic to any food or medications? Yes No		If Yes, please list below:	
Do you Currently have, or have you ever had problems with any of the following? (Circle all that apply)			
Depression	Bipolar Disorder	Borderline Personality Disorder	Antisocial Personality Disorder
Brain Injury	Dementia	Paranoia	Schizophrenia
			Psychotic Disorder
Other: (please explain)			
Are you currently taking any medications, prescription or over the counter?		Yes	No
If you answered Yes above, please list your medications below.			
Medication/dosage	How often	Date prescribed	Reason
1			
2			
3			
4			
5			
6			
7			
8			
Are you disabled or handicapped to the point that you will be unable to stand on your feet for eight hours a day for volunteer-related tasks? Yes No			
Do you receive SSI, Disability or any other Monthly entitlement?		Yes	No

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Substance Abuse/Rehab History

Primary drug of choice:	Secondary drug of choice:
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Other drugs used: (circle all that apply)

Adderall	Alcohol	Barbituates	Bath Salts	Cocaine	Crack
Dilaudid	DXM	Ecstasy	GHB	Heroin	Hydrocodone
Inhalants	Klonopin	LSD	Lubrim	Marijuana	Meth
Methadone	Morphine	Opiates	Psychotropics	Roxicet	Spice
Valum	Xanax	Other: (please explain)			

Have you previously attended any substance abuse programs? Yes No

Program Name	Date Started	Completed	Circumstance of departure:
1		Yes No	
2		Yes No	
3		Yes No	

Work History/Job Skills

Do you have experience in any of the following professions: (circle all that apply)

Administration	Asphalt Labor	Carpentry	Cooking	Drafting	Landscaping
Electrical	Flagging	Framing	Flooring		Drywall finishing
Mechanic	Plumbing	Retail	Sales	Telemarketing	Heavy Equipment Operator
					Welding

Places you have worked:

Name of Company	Date Started	Date left	Left why	Supervisor Name & Number

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Do you have a valid Driver's License? Yes No		Do you have a CDL? Yes No
Have you had any accidents in the last 5 years? Yes No		If Yes, were you at fault? Yes No
Have you had a DUI in the past 10 years? Yes No		If Yes, how many?
Are you a Veteran? Yes No	If Yes, years of service?	In What Branch?

Additional Comments:

I agree that all the information provided is correct to the best of my knowledge.

Applicant's Printed Name:

Date:

Applicant's Signature: _____

If applicable Please include copies of Time Sheet, Parole consideration date and any certificates you feel might be pertinent for this application process.