

Men of Valor Aftercare/Re-entry Program Application



MEN OF VALOR
RECONCILING MEN TO GOD, THEIR FAMILIES, AND SOCIETY
A MINISTRY OF HOPE

Things to Consider Before Applying

- Because of programming conflicts, men who are on Community Corrections cannot participate in the Men of Valor Aftercare program.
- Cell phones, personal televisions, electronic devices or computers are not allowed during the first six months of programming.
- Men of Valor has a “no tobacco” policy for all on and offsite programming functions including passes (this includes all tobacco products and vapor cigarettes) – use of these products is grounds for dismissal.
- Vehicles are not allowed for the first six months - including but not limited to cars, trucks, vans, motorcycles, powered bicycles, etc.
- Social media or access to any form of online, electronic communications through the Internet is not allowed during the first six months of residency.
- Psychiatric medications and narcotic medications are not allowed (this includes anything with hydrocodone and depression medications. NO exceptions).
- Contact during the first 30 days of programming will be limited to MOV staff, your probation/parole officers, lawyer, bondsman, and other Men of Valor program participants.
- After 30 days, you may have contact with immediate family only (mom, dad, wife, and children) while in the program. This means no contact with friends (male or female) or fiancés. Common-law marriages are not recognized by Men of Valor.

- We are not a medical facility – all special needs must be pre-approved prior to admittance.
- All court ordered classes (transportation and fees) are the sole responsibility of the participant and cannot be completed during regular program hours Monday, Wednesday, and Friday. Parole and Probation meetings are acceptable and Men of Valor will help facilitate these.
- The discipline policy is thorough and is enforced case by case depending on the residents infraction(s).
- No applicants currently receiving disability benefits or planning to apply for or reinstate disability benefits upon release.
- Unfortunately, we are not able to house sex offenders in our Aftercare Program at this time.

Contact/Personal and Family Information

Name: _____ Date: _____

TOMIS#: _____

Race: _____ Sex: _____

Age: _____ Date of Birth: _____

Birth Place: _____

Height: _____ Weight: _____ Eye Color: _____

Address Where You Are Currently Residing:

Address: _____

City: _____ State: _____ Zip: _____

If you currently receive visits, list visitor's names, contact information and relationship to each.

Name: _____ Relationship: _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Note: Do you realize all communications and relationships with persons of the opposite sex, other than family, must be set-aside during your time of training and discipleship? This includes girlfriends, common law marriages, children's mothers, etc. All communication, written, in person, phone will be restricted to family, attorneys and legal.

Marital Status: (Circle One): Single Divorced Married Engaged

If divorced, married, or engaged provide name, contact information and status of relationship.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Status: _____

If you have children, please specify the name, sex, age, date of birth, and contact information of the relative/parent or custodial parent(s)?

Child Name: _____ Sex: _____ Age: _____ D.O.B.: _____
Relative/Parent/Custodial Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Child Name: _____ Sex: _____ Age: _____ D.O.B.: _____
Relative/Parent/Custodial Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Child Name: _____ Sex: _____ Age: _____ D.O.B.: _____
Relative/Parent/Custodial Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Child Name: _____ Sex: _____ Age: _____ D.O.B.: _____
Relative/Parent/Custodial Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Do you and the children's mother (s) communicate? _____

Do you pay child support and are you current? _____

If not current, how much do you owe? _____

If your parents are still living, provide their names and contact information along with the status/condition of your relationship.

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Status: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Status: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Status: _____

If you have any siblings: brothers, sisters, step brothers, step sisters, half brothers, half sisters provide their contact information, age(s), sex and the status/condition of your relationship.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Sex: _____
Status: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Sex: _____
Status: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Sex: _____
Status: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Sex: _____
Status: _____

In case of emergency, whom could we notify?

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Legal Information

Note: Fill out completely. Legal matters do not disqualify any individual from being considered for the program but we need to have a complete picture of current or past legal issues to make a complete and right decision.

To the best of your ability, please list all charges/convictions, the dispositions/outcome of each of those cases, the dates on which they occurred and the counties and states in which they occurred. Please list the exact name of these charges as they are reflected in court records. If needed list on a separate sheet of paper and provide backup if available.

Example: Domestic Violence, 180 days confinement, August 2013, Davidson Co. TN

Are you now serving time for parole/probation violation? If yes, what is the violation?

If serving time in prison, when are you up for parole? _____

If in prison, do you have a current address paroling to if not accepted by Men of Valor? If so, please list the address below:

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____
Telephone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

If convicted and serving time in prison, how much flat time of your sentence have you completed? _____

Have you been charged or convicted of any type of sexual crime? _____

Have you had any disciplinary cases/write ups both major and minor in prison/jail in the last two years? _____ If yes, provide details.

Do you have any outstanding warrants, cases pending, unpaid traffic tickets or upcoming court appearances in this state or any other? _____

If so, explain:

Have you ever been evicted from a federally assisted housing facility? If yes, please explain.

Medical Information

Note: Although you are not disqualified from coming into the program if you have had medical issues, or have taken or are currently taking any: anti-depressants, anti-psychotic, psychotropic, pain killers, opiates, or opiate derivatives, you will have to discontinue use of those substances effective immediately upon arrival to program. We are not a medical facility. Therefore, we cannot accommodate any extensive medical needs or attention. However, we will be able to arrange emergency medical care in case of an emergency.

Do you have any special needs or handicaps? If so, please explain in detail.

Are you currently under a doctor's care for any reason? If so, please explain in detail.

Are you currently taking any prescriptions or over-the-counter medications? If so, please explain in detail and provide medical record backup from jail or prison.

Have you been diagnosed with any disease or had any surgeries? If so, explain in detail.

Do you have any communicable disease now or that you may have had in the past? If so, please explain in detail.

Do you have any medical or dental needs at this time minor, or major? If so, please explain in detail.

Have you ever been tested for HIV?

Date: _____ Results: _____

Have you ever been tested for HCV?

Date: _____ Results: _____

Have you ever attempted suicide? If yes, when _____

Have you ever had regular thoughts of suicide? _____

Are you currently depressed or have you ever been treated for depression? If so, please explain in detail.

Are you currently receiving or have you ever received psychiatric care? If so, explain in detail: what for, where, how long, what was the diagnosis, what was the treatment.

Please list any limitations you have that would prohibit you from physically working at Men of Valor or participating in part-time employment/job readiness? Explain in detail.

Financial Information

Note: Although debt and financial obligations will not disqualify you from gaining entrance into the program, it is important for us to maintain the highest standard of responsibility as it relates to accepting individuals with such debt or obligations. So, it is important that you list any and all current or past financial debt or obligations for the purpose of us making an informed decision when granting an individual acceptance into program. Also, it is our desire, whenever possible, that the individual not be pulled away from the program at any point for the purpose of resolving issues as it relates to finances. This is not a work program, but a discipleship program and full participation is mandatory.

Please list any and all financial obligations such as child support, restitution, unpaid bills, rental agreements, loans, legal fees, court cost, parole/probation fees, etc. that you have.

What arrangements, if any, will need to be made in order to handle these expenses while you're in the first six months of the program?

Educational Information

What is your educational background (circle all that you've completed)?

GED High School College Trade School

What kind of special skills, job experience or training do you have?

Do you have any special needs regarding reading or writing?

What languages do you speak?

Spiritual Information

Why do you desire to submit yourself to a 12 month discipleship program such as Men of Valor?

Have you been in a faith based or non-faith based program before?

Please list below:

Program Name: _____

Date: _____ City and State: _____

Reason for Leaving: _____

Program Name: _____

Date: _____ City and State: _____

Reason for Leaving: _____

Please give a brief testimony, on a separate piece of paper, if you have had a salvation experience. Tell us what the circumstances were that lead up to the point of salvation and how your life has been changed as a result of this experience. Include all time periods even if you walked away from God.

List all religious activities, programs, and church services you attend.

Are you currently maintaining any spiritual disciplines, devotion, bible study, etc.? If so, please provide details.

List and describe any church involvement you have had outside of jail/prison, and with what denomination.

Have you ever been involved in or exposed to the occult, Eastern religions, Mormonism, Jehovah's Witness, Scientology, Wicca, and others? If so, describe the degree of involvement, what your thoughts are now about those and whether or not you have dismissed or renounced the practice of those.

Have you experimented or ever been involved in a homosexual lifestyle or activity?

Have you ever had a problem with pornography?

Have you ever had a problem with tobacco? Note: This is a total and complete tobacco free program. NO EXCEPTIONS.

Mail Completed Applications To:

Men of Valor
Attention: Tommy Mathis
1410 Donelson Pike, Suite B-1
Nashville, TN 37217

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