

Application for T.E.A.M. Mentoring Program

Date: _____

Directions: Please return this application to:

T.E.A.M. Mentoring, Inc.
P.O. Box 30642
Billings, MT 59107

All applications are held in confidence. This application and the information it contains are for admissions consideration and the applicant only. All answers on this application are optional but the information it contains will allow T.E.A.M. Mentoring to better assess your needs and participation.

SECTION 1 - CURRENT PERSONAL INFORMATION

Name: _____ AO# _____ Unit# _____ Age: _____

Current Address or location: _____

Choice of Church / Pastor: _____

Marital Status: _____ # of Children: _____ Ages: _____

Do you currently have a special relationship (other than your spouse, if married)? Yes No

Explain: _____

Name of Case Manager: _____ Date Leaving the Prison: _____

Leisure time interests: _____

Have you graduated from T.E.A.M.'s Reentry Program? Y N Presently attending? Y N

Have you attended any of the following? Check all that apply:

CPR Anger Management SOP Addictions – alcohol/drug classes

List three references (class instructors, case managers, etc.) and phone numbers:

Veteran: Yes No

SECTION 2 – FAMILY BACKGROUND

A. Father's name: _____

Brief description of your past/current relationship with him:

B. Mother's name: _____

Brief description of your past/current relationship with her:

C. Most significant parental figure in your life (could be a guardian, step-parent, etc.):

Why? _____

SECTION 3 – INSTITUTIONAL STATUS

A. Are you currently or have you been incarcerated? Y N Release Date: _____

Date: _____ Place of Offense: _____

Nature of crime and brief explanation:

Date: _____ Place of Offense: _____

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Date: _____ Place of Offense: _____

Nature of crime and brief explanation:

B. Will you have to register as a sex offender? Yes No

If yes, what level? _____

C. Will you have to register as a violent offender? Yes No

If yes, please briefly explain:

D. Are you currently or have you been hospitalized for emotional problems or mental illness?

Date: _____ Hospital: _____

Brief explanation:

SECTION 4 – ABUSE ISSUES

Are you currently abusing drugs or alcohol? Yes No

Do you have a history of drug or alcohol abuse? Yes No

Brief explanation of where you are currently in relation to your drug or alcohol abuse history:

Other issues in your life you consider current or potential addictive behavior in your life (tobacco, pornography, sexual immorality, gambling, eating disorders, cult involvement, or other):

SECTION 5 – PERSONAL FEARS

Do you struggle with fears that have the potential to overcome or overwhelm you? Yes No

Are they fears of anxiety, helplessness, failure (or success), physical dangers, retaliatory fears, fears of re-offending, or others? Please specify and briefly explain:

SECTION 6 – PERSONAL GOALS

Please list below your . . .

Immediate Goals:

Short Term Goals (1 to 2 years):

Long Term Goals (more than 2 years):

SECTION 7 - WORK HISTORY & EXPERIENCE

A. What was your favorite job in the last 10 years?

Why? _____

B. List your vocational skills:

C. Other work experiences:

D. If you could pick the perfect job to support yourself, and those for whom you are responsible, what would it be?

SECTION 8 - CHURCH / SPIRITUAL HISTORY

A. Did you attend church as a child more than 2 or 3 times per year? Yes No

B. If you attended church, do you remember which church? _____

Where? _____

C. Would you consider your time in that church healthy, or counter-productive?

Explain: _____

Do you currently have a church preference? _____ Name: _____

D. Have there been positive spiritual role models in your life? Yes No

Please name them with a brief explanation:

E. How would you describe your current spiritual condition?

F. List your spiritual goals or how would you like to see your relationship with God in the future.

SECTION 9 - GENERAL

A. Have you had experience in community living? If so, explain:

B. Explain your expectations regarding the advantages of living at this residence and being a participant in T.E.A.M. Mentoring:

C. Describe you favorite type of food and/or meal:

D. Do you have a driver's license? Yes No State _____

Do you own a vehicle? Yes No

SECTION 10 – MENTORING REQUEST

A. *Who I am:*

B. *Who I believe Jesus Christ is:*

C. *How I came to believe my answer to the previous question:*

D. *Why I desire to have a Mentoring Team:*
