

APPLICATION

MISSION

The HELP program inspires hope in those who have been convicted of a felony, by providing a caring community of support as well as the tools, education and resources they need to find and maintain employment and become fully self-sufficient and contributing members of our society.

VALUES

- Brotherhood
- Accountability
- Compassion
- Respect
- Advocacy
- Collaboration
- Humility
- Leadership

VISION

Meaningful Employment, Full Lives, Thriving Families, Educated & Prosperous Communities.

This program is only open to individuals who have a **felony** conviction.

HELP Program Member Expectations and Contract

I understand the vision and mission of the HELP program, want to be a member and am committing to the following as part of maintaining my membership:

1. I understand the Values and will be a role model of the Values of HELP in all that I do. The Values will be exhibited in all interactions where I represent HELP, with my HELP brothers and with the general public.
2. If I stumble and do not live up to a value, I will welcome the helping feedback my brothers offer me, and I will similarly offer them caring feedback if they are not meeting the Values.
3. HELP is a member-led organization and I commit to follow the direction of, support the decisions of, and provide my inputs and suggestions to the Advisory Board. The Director is the day-to-day leader of the program and will provide direction and coaching to all members.
4. A primary portion of HELP's mission is to assist me in developing the culture and habits necessary to get and maintain employment. All HELP activities are designed to assist me in learning and demonstrating those skills and habits and I will:
 - a. Show up prepared to participate in all HELP activities assigned or that I volunteer for.
 - b. Be on time for all of those activities.
 - c. Contact the Director or Executive Director well in advance if a genuine emergency keeps me from meeting a commitment I made or attending an event assigned.
 - d. Be appropriately dressed for those activities.
 - e. Maintain the HELP work spaces in a neat and orderly manner.
 - f. Complete all tasks as assigned to me.
 - g. Always have accurate contact information on file with the HELP office and update it immediately if it changes.
5. The HELP Program offers me the chance to develop skills by leading and I welcome the opportunity. I will be an active member of one of the leadership committees, follow the direction of the chair of that committee and contribute to HELP's success through my work with that committee.
6. The HELP Program actively engages the community and government to educate them on the challenges faced by returning citizens and advocate for legislative reforms. Those activities are also my chance to build my confidence and speaking skills and present myself as someone worthy of employment. I will participate in those activities including but not limited to:
 - a. DISMAS Journeys
 - b. Board Meetings
 - c. State and Local Government political activities
 - d. Others events as scheduled
7. I will complete all of the member training expectations shared as part of my orientation such as:
 - a. GED and Basic Work Skills training provided by partner agencies.
 - b. Training: Conflict Resolution, Communication, Interview Skills, Computer Use and résumé Writing
 - c. License Reinstatement
 - d. Financial Management Training
 - e. CQE application and expungement if eligible
8. If I am involved in any criminal activity, I will immediately report the circumstances to the Executive Director and expect the Advisory Board to determine any consequences.
9. I will help orient and mentor new HELP members as they get on board by role modeling what we stand for and coaching them directly as they are learning.
10. When contacted about a job interview opportunity, I will come into the HELP office, review all the requirements and responsibilities of the job, prepare myself for the interview, work with any assigned mentor in that preparation, etc. I will be on time for the interview and, if offered, take the job knowing it is not only an opportunity for me but to demonstrate and represent all of the HELP members. I know my reliability and performance reflects on all of us and my effort may well determine whether that employer gives another returning citizen a change.
11. I will contact HELP before quitting a job to discuss other options and possibilities. I will quit with notice any HELP job.
12. I understand the HELP Program "Rules" and commit to follow them.
13. My participation in the Help Program is voluntary, as a means to move me toward full employment and stability.

I understand the vision and mission of the HELP program, want to be a member and am committing to the following as part of maintaining my membership:

Date _____

Name (Print) _____ Signature _____

Last Name: _____

First Name: _____

Middle Name: _____

Permanent Address

Street Name: _____

City, State: _____

Zip: _____

Current Address

Street Name: _____

City, State: _____

Zip: _____

Program News Contact Information

Cell Phone: _____

Email: _____

Facebook: _____

Twitter: _____

Instagram: _____

LinkedIn: _____

Personal References

Name: _____

Phone: _____

Relationship: _____

Email: _____

Name: _____

Phone: _____

Relationship: _____

Email: _____

Name: _____

Phone: _____

Relationship: _____

Email: _____

Professional References

Name: _____

Phone: _____

Company: _____

Email: _____

Name: _____

Phone: _____

Company: _____

Email: _____

Name: _____

Phone: _____

Company: _____

Email: _____

Race: White Black Hispanic Asian

Native American Pacific Islander

Gender: Male Female

Prefer to Use: Mr. Mrs. Miss Ms. Age: _____

Date of Birth: ___/___/___ City: _____

Social Security: _____ - _____ - _____

Driver's License: State: _____ Number: _____

Suspension Reason: _____

Reinstatement Fee: _____

State ID (if no license): State: _____ Number: _____

Child Support Order: Yes No : _____ Week Month

Current: Yes No Arrearage: \$ _____

Number of Children: Boys: _____ Girls: _____

List the first name and current age of all children:

Do you have or Are you a:

Other

Home internet: Yes No Computer: Yes No

Smartphone: Yes No Library Card: Yes No

Birth Cert.: Yes No SS Card: Yes No

Medical Ins.: Yes No Dental Ins.: Yes No

EBT: Yes No Food Donation: Yes No

Section 8: Yes No Sec. 8 Wait List: Yes No

Homeless: Yes No Veteran: Yes No

Married: Yes No Bank Account: Yes No

OSHA 10: Yes No CDL: Yes No

Asbestos Card: Yes No Forklift: Yes No

Can you lift more than:

5 lbs. 10 lbs. 25 lbs. 50 lbs. 75 lbs.

Describe any physical restrictions on your ability to work:

Please list the areas of help needed (we do not offer all but can help make connections): Describe your need

Education _____

Child Custody _____

Child Support: _____

Employment: _____

Financial Issues _____

Health Issues _____

Housing _____

Legal Issues _____

Transportation _____

Education:

Diploma School Name: _____

Public Private Parochial Charter Online

City: _____ State: _____

Copy of Diploma: Yes No Transcript: Yes No

GED Provider Name: _____

Copy of GED: Yes No

College School Name: _____

Degree Earned: No AA BS/BA MS/MA PhD/JD

Copy of Degree: Yes No Transcript: Yes No

Areas of Study: _____

Certificates Earned: _____

Work Experiences:

- Accounting Auto Repair Construction
- Customer Service Day Care Education
- Finance Grocery Health Care
- Housekeeping Home Repair IT/Computers
- Janitorial Legal Management
- Manufacturing Nonprofit Painting
- Restaurant: Cook Cashier Waitress Bussing
- Retail Sales Sewing
- Telecommunications Warehouse Drywall
- Concrete Plumbing

Work History

Company: _____
Location: _____
Phone: _____
Title: _____
Duties: _____

Company: _____
Location: _____
Phone: _____
Title: _____
Duties: _____

Supervisor: _____
Pay: _____
Start Date: _____ End Date: _____
Reason Left: Quit Fired Lay-Off Company Closed
Details: _____

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Pay: _____
Start Date: _____ End Date: _____
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Details: _____

Probation: Yes No Until: ___/___/_____

Parole: Yes No Until: ___/___/_____

Officer Contact Information: _____

Copy of your background check:

Yes No Printed: ___/___/_____

Used any of the following Agencies:

- Cincinnati Works
- City Link
- Community Action Agency
- Free Store Food Bank
- Hamilton County Office of Reentry
- Legal Aid
- Mercy Neighborhood Ministries
- Ohio Justice and Policy Center
- Saint Vincent DePaul
- Urban League

Are you registered to vote? Yes No

Did you vote in the last election? Yes No

Credit Check

I hereby grant *The Help Program* permission to go to FreeCreditReport.com or similar sites, and run my credit report for evaluation. I understand the risks of identity theft and that The HELP Program cannot be responsible if the information is stolen or misused. The report will be kept in the member file and assistance provided in writing letters to the creditors.

Signature: _____

Date: ___/___/_____

THE *HELP PROGRAM* PHOTO RELEASE FORM

I hereby grant the *The Help Program* permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the *The Help Program* and will not be returned.

I hereby irrevocably authorize the *The Help Program* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the *The HELP Program* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE:

Print Name: _____

Signature: _____

Date: ___/___/_____

Career Field that is Most Interesting: _____

My long-term goals is to be a _____

I understand the vision and mission of the HELP program, want to be a member and am committing to the following as part of maintaining my membership:

Date _____

Name (Print) _____

Signature _____

January 1, 2016 – December 31, 2016

Budget					
INCOME			WEEKLY	MONTHLY	YEARLY
Salary/Wages					
Gov Assistance					
HELP Work Assignments					
HELP Assistance					
HELP Loan Assistance					
Food Stamps					
TOTAL INCOME					
EXPENSES					
GROCERIES					
CHILD SUPPLIES					
CHILDSUPPORT					
HOUSING/RENT					
ELETRICITY					
WATER					
CLOTHING					
HEALTH CARE					
DENTAL Ins					
EDUCATION					
CHILDCARE					
TRANSPORTATION					
AUTO INSURANCE					
TV INTERENET					
CELL PHONE					
ENTERTAINMENT					
RESTAURANT					
TOTAL EXPENDITURE					
SAVINGS FOR BANK					
LIST ALL OUTSTANDING BILLS AND DEBTS					
(Auto, School, Child Support, Legal Fees etc)					

Record Sealing Intake Form

Name (PLEASE PRINT): _____
 First Middle Last

Address: _____
 Street Address City State Zip

Phone: (_____) _____ - _____

List any aliases, maiden name, and/or legal name changes:

Date of Birth: _____

Are you currently on probation or parole? Yes: _____ No: _____

If yes, what is the case and when does parole/probation end?

Do you currently have any open/pending cases? Yes: _____ No: _____

If yes, where is the case?

Have you been convicted in any court other than Hamilton County? Yes: _____ No: _____

If yes, where? Please list any other places in Ohio or in other states where you have convictions. (Examples: Springfield Township, Butler County, Georgia, etc.):

To the best of your knowledge, list all of your convictions, dismissals, acquittals, or ignored cases.(Examples: Theft conviction in 2002, Domestic violence charge dismissed in 2006, etc):