

~ CONNECTIONS PRISON MINISTRY_{501(c)3} ~

Please fill out as completely as possible

First Name	M.I.	Last Name	DOC#

Address you wil Parole?	City	State	Zip Code

Your expected PED?	Your MRD?	Your expected release date?

County you will parole?	Current Case Manager?	How long is your parole?
		Year(s):

Current time served in DOC?		Length of DOC sentence?	Current DOC Facility
Year(s):	Month(s):	Year(s):	

Sex Offender?		SVP?		Looking for sober-living?	
Yes []	No []	Yes []	No []	Yes []	No []

Family/Friend Contact					
Name (1):		Name (2):			
Phone #:		Phone #:			
E-mail:		E-mail:			

Who/What support do you have available (Please be specific)
Financial:
Spiritual:
Accountability:

List any write-up's in the past 24 months?	Program(s) completed while in DOC?

Do you have employment secured (Please describe)	Employment experience/skills

Please list your priority of support/need (s) for release:

Chaplain's recommendation (Please check as many as apply)

Know this applicant well []

Just met applicant []

Applicant has been active in Chaplain sponsored programs []

Recommend applicant []

Limited contact with applicant []

Do not recommend applicant []

Chaplain Name (Print):

Chaplain Signature:

Applicant Name (Print):

Applicant Signature:

Please mail completed form to...

Connections Prison Ministry

720.579.5122 (Mobile)

PO BOX 64261

pjkim@connectionsprisonministry.org

Co. Springs, CO 80920

In the space below, please describe your Christian testimony (The purpose of this question is to help us know you better and how to best support you. Your response will neither guarantee or exclude you from receiving support.) Use a separate sheet if needed:

Please share anything else you would like Connections Prison Ministry to know about you...