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| NAME: | DATE: |
| COACH: | DOC # |
| CCO: | |

WELCOME to Whatcom County's Re-Entry University! This is an application to be considered for enrollment in a new alternative program to help people with a criminal history within the past year get back on their feet and successfully re-enter into the community.

Before completing this application please consider what you are getting into.

This is an **opportunity** for you to take charge of your life and get the skills and motivation you need to reach your personal goals. Please give careful thought when answering the questions on this application. If you are ready to make a change and finally get to where you want to go please continue to complete this form. Thank you!

CURRENT ADDRESS

| | | |
|--|--------|-----------|
| Street | City | State/Zip |
| CURRENT PHONE # (if using a family members number please list whose number it is and your relation) | | |
| Home # | Cell # | |

What are your goals for the future and where do you see yourself in 6 months?

Throughout your life, what barriers (physical, mental, emotional, environmental, etc. have gotten in your way from fulfilling you goals? _____

What do you feel are currently some strengths or skills you possess that will help you at Re-Entry University? (Ex. Work experience, characteristics/skills you have that are beneficial, motivators, etc.)

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|---|
| <p>Why do you want to be considered for the Re-Entry University? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>What are some resources you feel you will need when completing the curriculum for Re-Entry University? (ex. Literacy program, transportation, mentor, spiritual leader, family support, GED, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>Do you have any other questions, comments, or concerns? Anything else you would like us to know about you? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

***By signing this form I understand that if I am accepted in the Whatcom County Re-Entry University I am making a commitment to meet ALL the outcomes for the program. (Please see Re-Entry University packet). I am also making a commitment to remain clean and sober during my enrollment in Re-Entry University. ***

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

Case Manager/Coach/Mentor (if you already have someone who will be a positive influence and support your decision to enroll in the Re-Entry University please have them sign below)

By signing this form I understand that I will be a crucial component of this student's enrollment in Re-Entry University. I will be a positive support and mentor to this student.

| | |
|--------------------|-------------------|
| Print name: | Signature: |
| Relation: | Date: |

CONGRATULATIONS on completing the Whatcom County Re-Entry University Application!