

ONESIMUS TRANSITION CENTER
P.O. Box 12241
Norfolk, VA 23541

Rev. W. B. Twine
Director

William Lombardi
Transition Center Manager

APPLICATION

PERSONAL INFORMATION:

Name: _____ Institutional Number: _____
Institutional name and address: _____
Date and Place of Birth: _____ Soc. Sec. #: _____
Single: _____ Married: _____ Separated: _____ Divorced: _____
Wife's name and address: _____
No. of children: _____ City and State: _____ Phone: _____
Applicant's permanent address _____
Charge(s): _____ Sentence: _____ Start Date: _____ Mandatory: _____
Sentencing Judge: _____ Attorney: _____ Probation Officer: _____
Detainers: Yes: _____ No: _____ If yes, explain: Institutional
Counselor: _____ Birth Certificate? Yes/No (circle one)

PREVIOUS OFFENSE(S):

Juvenile Court (include date and age): _____
How many times arrested: _____ Number of jail terms: _____
Penitentiary terms served: _____ Number of previous probation violations _____

EDUCATION AND TRAINING:

Highest Level completed: _____ Grade: _____ College: _____ GED: _____
Age left school: _____ Apprentices hours (years): _____ Driver's License? _____

WORK:

Jobs held: _____
Longest period on one job: _____ Type of work you like: _____
Type of work you dislike: _____
Health: Excellent: _____ Good: _____ Fair: _____ Poor: _____

SPECIAL PROBLEMS: (PLEASE NOTE: THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY)

Applicant's summary of past problems:

Applicant's summary of needed attitude changes, and the actions which may be necessary in solving these problems.

List all the goals that you would like to accomplish while in the program:

Are you a Christian: _____

PLEASE NOTE: This application should be submitted in advance to enable the Onesimus Ministries Staff time to give proper attention to it. Remember the number of people we can accommodate is limited; therefore, acceptance is made on a space-available basis.

I fully understand and agree to comply with all the rules and regulations listed within this application, as long as I am a resident of the Onesimus Training Center.

Signature: _____ Date: _____

I, _____, Register Number: _____, do hereby authorize employees of the Department of Corrections, and the employees of any facility contracting with the Department of Corrections to release any or all of the contents of information in my Inmate Central File to educational facilities, social agencies, prospective employers, etc., for the purpose of assisting in all phases of community programming and release planning. I also authorize the above persons to advise prospective employers that I am currently in the custody of the Virginia Department of Corrections, serving sentence under the supervision of the Virginia Parole Commission or Virginia Probation Office. This consent will remain in effect until my release from supervision or until revoked in writing by me.

Witness's Signature

Date

Applicant's Signature

Date