



APPLICATION PACKET  
FOR THE  
WORKFORCE  
DEVELOPMENT  
PROGRAM

"RESTORING HOPE; ONE LIFE, ONE HOME,  
ONE NEIGHBORHOOD AT A TIME"

CONTACT

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VISIT

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Kinston, NC 28501

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## Workforce Development Program

Hope Restorations is a nonprofit organization that aids adults in their recovery from addiction and/or incarceration by providing job skill training, transitional housing, and other reentry support. Our work involves acquiring deteriorating houses in the community and equipping our program participants with the skills to join our staff in restoring these houses to modern standards. Our initiatives provide safe, affordable, energy-efficient housing available to rent below fair market value to low-income families. Hope Restorations is driven by a mission centered on providing training and workforce development opportunities for individuals who face significant challenges in securing gainful employment due to a record of substance abuse and/or incarceration. Our primary focus is to empower each of our participants to attain stability and self-sufficiency in their own lives; preparing them for long-term, stable employment opportunities elsewhere. The dimensions of our workforce development program now include Restored Hope, a boutique located in downtown Kinston that is participant-managed, raises community awareness, and supports our House of Hope for Women. In exchange for a stipend, our participants can work in our boutique, Restored Hope, or on our team that renovates dilapidated houses acquired from the community. Our organization is dedicated to fostering economic mobility for all by restoring hope and creating lasting change.

## APPLICANT CONTACT INFORMATION & DEMOGRAPHICS

**Full Name** :

**Date of Birth** :  MM/DD/YYYY
**Marital Status** :  Single  Married  Divorced

**Social Security Number** :

**Street Address** :

**Nationality** : 
**Are you Homeless?** :  Yes  No

**Gender** : 
**If so, with whom do you live?** :

**Phone Number** :

**E-Mail** :

**Emergency Contact Name** :

**Relationship** : 
**Phone Number** :

**Referral Source** : 
**Phone Number** :

## APPLICANT ACADEMIC HISTORY

**High School Diploma** :  Yes  No

**If no, what was your last grade completed?** :

**GED** :  Yes  No  N/A

**Collegiate Credits** :  Yes  No

**Degree or Certification** :  Yes  No

**If yes, in what area is your degree/certification?** :

**APPLICANT EMPLOYMENT HISTORY**

*Please list employment history beginning with most recent/current*

**Company Name :**

**Duration :** *From*  *To*

**Position/Title :**

**Job Description/Responsibilities :**

  

**Company Name :**

**Duration :** *From*  *To*

**Position/Title :**

**Job Description/Responsibilities :**

  

**Company Name :**

**Duration :** *From*  *To*

**Position/Title :**

**Job Description/Responsibilities :**



# APPLICATION

## MILITARY SERVICE

Have you served in the US Military? :  Yes  No

Branch :

Duration : *From*  *To*

Rank at Discharge :

Type of Discharge :

If other than honorable, please explain :

  
  

## ADDITIONAL INFORMATION

Please tell us anything you want to share about yourself, your past, your current situation, and/or why you want to work with Hope Restorations Inc.

  
  
  
  

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to approval, I understand that false or misleading information in my application or interview may result in my release.

I also understand and agree that my successful participation in regular and random drug and alcohol screenings are a required part of program participation with Hope Restorations, Inc.

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date



# APPLICANT MEDICAL INFORMATION FORM

## APPLICANT MEDICAL INFORMATION

Full Name :

Date of Birth :   
MM/DD/YYYY

Health Insurance :

Have you received the COVID-19 vaccine? :  Yes  No

Do you have any known allergies; food or otherwise? :  Yes  No

If so, please list

Do you have DNR status? :  Yes  No

Please list all current medications :

Please list significant medical history including physical disabilities and medical illnesses :

Doctor's Name, Office, and Phone Number :

Dentist's Name, Office, and Phone Number :

## EMERGENCY CONTACT INFORMATION

Full Name :

Relationship :

Phone Number :

I, \_\_\_\_\_ have voluntarily provided the information above and authorize Hope Restorations representatives to contact any of the above on my behalf in the event of an emergency.

\_\_\_\_\_  
MM/DD/YYYY  
Date

\_\_\_\_\_  
Signature

**APPLICANT LEGAL SCREENING**

Do you have a probation officer? :  Yes  No

Probation officer's name and contact information :

  

Are you a registered sex offender? :  Yes  No

If so, in which county and state? :

Have you been convicted of a felony? :  Yes  No

If so, what are the charges/convictions? :

  

Have you had any substance addictions? :  Yes  No

If so, how long have you been sober? :

Prior drug or alcohol treatment center? :

Discharge Date :

MM/DD/YYYY





## PROGRAM GRANT STIPEND POLICY

### WHAT IS A STIPEND?

A stipend is a type of payment that helps cover your living expenses. It's usually intended for students, interns, apprentices, and other trainees. This amount of money doesn't necessarily represent payment for the work performed. Its role is to help trainees continue their education or gain work experience without having to worry about food, housing, and other recurring expenses.

### ATTENDANCE

As a rule of thumb, participants in this program will be in attendance Monday through Thursday 8 am to 4:30 pm, and Fridays 8 am to 2 pm of each week, with a 30-minute lunch break.

Additionally, you must attend any classes that are offered and participate in our weekly Hope in Recovery Meetings.

### STIPEND AMOUNT

Program Participants will receive a stipend that is based on phase status and scholarship eligibility. This is a grant to help you in this program and not employment; no taxes will be subtracted.

This will be dispensed weekly on Thursdays and will run one week behind (in the hole).

***This stipend can be pro-rated according to participation.***

### ACKNOWLEDGEMENT

I, \_\_\_\_\_ ***agree to the terms of this program.***

\_\_\_\_\_  
MM/DD/YYYY  
**Date**

\_\_\_\_\_  
**Signature**

**PHASE 1-4 RULES**

- ▶ Come in on time every day
- ▶ Have a good attitude
- ▶ Participate in daily activities
- ▶ Participate in any classes offered
- ▶ Attend weekly Hope in Recovery meetings

**PHASE 1 GOALS**

**RECOVERY**

**BASIC LIFE SKILLS**

**PHASE 2 GOALS**

**RECOVERY**

**VOCATIONAL  
INTRODUCTION**

**PHASE 3 GOALS**

**RECOVERY**

**WORKFORCE  
READINESS**

**JOB SEARCH/COLLEGE  
ENROLLMENT**  
(providing verifiable proof of at  
least 2 applications per week)

**PHASE 3 GOALS**

**RECOVERY**

**CONTINUE USING  
EMPLOYMENT SKILLS**

**JOB SEARCH/COLLEGE  
ENROLLMENT**  
(providing verifiable proof of at  
least 4 applications per week)

**I agree with the following non-negotiable rules and regulations of participating in this program:**

- INIT I will be completely committed to my recovery, including but not limited to passing any and all regular or random drug and alcohol screens. I understand this is a zero-tolerance issue. My participation may be terminated if I fail a screening. Further, I understand that I will be responsible for my own medical expenses if I am hurt when under the influence of any substance, and I may be civilly and criminally liable if my accident hurts another person.
- INIT I will arrive for the daily sessions each day with a willing spirit and attitude. I will be ready and arrive at the scheduled start time rather than arriving at the last minute or late or not at all.
- INIT I will not have my cell phone or visitors during program hours. I will tell my family and friends to contact the Hope Restorations office at 252-520-9975 in case of emergency and my crew leader/manager will get the information to me as quickly as possible.
- INIT I will submit to the authority of my crew leader/project coordinator/manager/staff of Hope Restorations. I will follow instructions and do my best to meet their expectations.
- INIT I will respect my crew leader/manager and all of my co-workers. I will never curse, belittle, bully, intimidate, threaten, or yell at anyone while at the site of the program. I will also try to practice this way of living while away from the program. I will be actively learning how to resolve disagreements or conflicts in healthy, productive ways.
- INIT I will participate in all of our group discussions, especially those that deal with recovery, team building and conflict resolution.
- INIT If I do not have a valid driver's license I cannot drive myself to or from the site of the program, and I am not permitted to drive a company vehicle.
- INIT I will do my best to bring the best of me to the program every day. I will be open to learning and to respectful correction and accountability. I understand that employers want and expect good attitudes and consistent performance from their employees, and that's who I want to be from this day forward.
- INIT Unless or until I am notified that Hope Restorations wants to train me for leadership and permanent employment, I will sincerely and actively work to find better-paying, permanent employment and agree that Hope Restorations should and will provide prospective employers with objective and detailed information about my performance in this program.
- INIT **I understand that Hope Restorations is a non-profit. I understand that I am a program participant and not an employee. Therefore, Hope Restorations does not participate in North Carolina Employment Security's Unemployment Insurance Program.**



# PARTICIPATION AGREEMENT

## SIGNED ACKNOWLEDGEMENT OF RULES & REGULATIONS

This Agreement is made and entered into on \_\_\_\_\_ between  
MM/DD/YYYY

\_\_\_\_\_ and Hope Restorations staff.  
PROGRAM PARTICIPANT

The purpose of this Agreement is to outline and enforce the aforementioned rules and guidelines that must be adhered to throughout the duration of participation in the Workforce Development program.

I, \_\_\_\_\_, agree to uphold and abide by the aforementioned rules and regulations throughout the duration of my participation in the House of Hope program.

PROGRAM PARTICIPANT

Signature

MM/DD/YYYY

Date

HOUSE OF HOPE REPRESENTATIVE

Signature

MM/DD/YYYY

Date

**Attendance is a key factor in your recovery. Punctuality and regular attendance are expected of all participants. Excessive absences, whether excused or unexcused, tardiness, or leaving early is unacceptable.**

- INIT If you are absent for any reason, plan to arrive late, or leave early you must notify your manager as far in advance as possible and no later than one hour before the start of your scheduled day.
  
- INIT In the event of an emergency you must notify your manager as soon as possible
  
- INIT For all absences extending longer than one day, you must telephone your manager prior to the start of each scheduled day.
  
- INIT When reporting an absence, you should indicate the nature of the problem causing your absence and your expected return date. A physician's statement may be required as proof of the need for any illness-related absence regardless of the length of the absence.
  
- INIT Except as provided in other policies, a program participant who is absent without notification to his or her mentor may be considered to have voluntarily terminated his or her participation in the Hope Restorations program.
  
- INIT Excessive absences, tardiness, or leaving early will be grounds for discipline up to and including termination from program

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PROGRAM PARTICIPANT

**Signature**

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MM/DD/YYYY

**Date**



## PHOTO AND MEDIA RELEASE

Thank you for helping Hope Restorations compile information and stories about our efforts and impacts. The information, pictures, and videos you provide are often used to market our programs and tell our story so we can attract more participants, volunteers, donors, and other resources.

Please take a moment to fill out this release form. In doing so, you will be giving Hope Restorations, Inc. permission to use your photographs, videos, quotes, name, and general information about you and your story, unless you specify otherwise.

### **I agree that:**

- 1. Hope Restorations Inc. will have complete and total ownership of the photos, videos, and information, and the right to reproduce them.**
- 2. Hope Restorations Inc. may use my name, likeness, biographical information, and general information in a brochure, newsletter, website, email, or other publication or presentation, and may provide the photos, videos, and information to others for similar use.**
- 3. I will not be compensated for the use of photographs, videos, and/or information.**

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PROGRAM PARTICIPANT

Signature

---

MM/DD/YYYY

Date

Hope Restorations is fully committed to a drug-free workplace, which will enhance the safety and welfare of program participants, residents, and employees, increase overall productivity and the quality of service to the public. This will also assist in the preservation of property and equipment, promote public safety, and reduce absenteeism and job-related accidents. The Substance Abuse and Drug-Free Workplace Policy will help Hope Restorations achieve the image and reputation of the department and employees that is strived for. A summary of the policy is below. Employees, volunteers, program participants, and residents will receive the detailed policy at the time of their orientation.

Hope Restorations has the right to require an employee, volunteer, program participant or resident to submit to observed testing for drug and/or alcohol use as a continuing condition of employment, program participants as staff deems necessary to the safe and efficient operation of the program. An employee, participant or resident who refuses to submit to observed drug and/or alcohol testing or who tests positive may be suspended from pending further investigation and may be subject to discipline, up to and including immediate discharge.

If an employee or program participant endures a work-related injury and has tested positive for a drug and/or alcohol screening, the employee or program participant will not be compensated for the cost of medical attention nor workers compensation if taking off work is necessary.

All alcohol and drug testing results and records are considered confidential and will not be used or disclosed in public or private proceedings except in proceedings or civil litigation where the results are relevant.

Hope Restorations is a drug-free facility and our mission is to assist recovering addicts to become drug free and productive citizens in the community. Please indicate if you are on the following prescription drugs and we will verify through your physician.

- Morphine**
- Methamphetamines**
- Benzodiazepines**
- Buprenorphine (semisynthetic opioid)**
- Tramadol (synthetic codeine) pain meds**

**List your current medications:**

Medication Name	Dosage	Physician	Refillable	End Date

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PROGRAM PARTICIPANT  
**Signature**

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MM/DD/YYYY  
**Date**

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HOUSE OF HOPE REPRESENTATIVE  
**Signature**

---

MM/DD/YYYY  
**Date**





## DRUG/ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of Hope Restorations, to submit to an observed drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to an observed drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Hope Restorations send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Hope Restorations and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Hope Restorations to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Hope Restorations officers, employees, and agents will have access to information furnished or obtained in connection with the test: that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make program/employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Hope Restorations and any testing laboratory the Hope Restorations might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or program termination or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if an Hope Restorations or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Hope Restorations and any testing laboratory Hope Restorations might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above. This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT HOPE RESTORATIONS WILL REQUIRE AN OBSERVED DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Remember, "involved in an accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits.

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PROGRAM PARTICIPANT  
**Printed Name**

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PROGRAM PARTICIPANT  
**Signature**

---

MM/DD/YYYY  
**Date**

---

HOPE RESTORATIONS REPRESENTATIVE  
**Signature**

---

MM/DD/YYYY  
**Date**



## CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

This Agreement is made and entered into by and between Hope Restorations Inc. and \_\_\_\_\_, in connection with the information and data submitted by the former. The agreement is being executed to safeguard and protect Confidential and Proprietary Information owned by Hope Restorations. Inc., its customers, donors, tenants, and employees. I \_\_\_\_\_, do hereby agree, as follows:

- 1)** "Confidential Information", as used herein shall mean proprietary information and/or data provided by Hope Restorations Inc. to the Receiving Party during the disclosure of confidential information, which is to be kept confidential by the Receiving Party.
- 2)** All information provided and/or by Hope Restorations.Inc to the Receiving Party for the commissioned work shall be marked as " Proprietary and Strictly Confidential." information disclosed through an oral presentation and/or through power point presentation and/or other means must be identified also as strictly confidential during and after the time/period of disclosure.
- 3)** It is agreed that the Receiving Party shall keep the information confidential and shall not publish or otherwise disclose such information except to the extent that it can be established by the Receiving Party By competent proof that such information:
  - (a)** Was already known to the Receiving Party, other than under an obligation of confidentiality, at the time of disclosure and/or presentation;
  - (b)** Was generally available to the public or otherwise part of the public domain at the time of its disclosure to the Receiving party;
  - (C)** Became generally available to the public or otherwise part of the public domain after its disclosure and other than through any act or mission of the Receiving Party;
  - (D)** Was subsequently lawfully lawfully disclosed to the receiving party by a third party.



## CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

**(4)** Except as provided herein, the receiving party will not disclose any Confidential Information to any other person or will use any Confidential Information other than in connection with the commissioned work without its prior written approval. Each one all agree to observe, exercise and execute extreme care in protecting the confidentiality of any Confidential and Proprietary Information.

**(5)** \_\_\_\_\_ may disclose Confidential Information (i) to other parties and/or receiving party who have executed non-disclosure agreements (ii) or by requirement of law, and (iii) to other up manila employee or faculty provided that such employee and/or faculty members has signed a non-disclosure agreement.

**(6)** All Confidential information delivered / presented and / or disclosed by \_\_\_\_\_ will be and remain as Intellectual Property of Hope Restorations Inc. All Confidential Information, and/or hard copies, thereof the disclosed confidential information will be promptly returned to Hope Restorations, Inc without retaining a copy in the possession of the receiving party. All electronic documentation of the confidential information will be deleted from the file repository of the receiving party once the commissioned work is completed.

**(7)** Any one or all persons listed herein recognize and agree that nothing contained in this agreement shall be constructed as granting any rights in his/her/their favor, by license or otherwise, to any confidential information except as specified in this agreement.

**(8)** Any one or all persons listed herein similarly acknowledge that all confidential information is owned solely by Hope Restorations, Inc and that unauthorized disclosure or use of such confidential information would cause irreparable harm and significant injury, the degree of which may be difficult to ascertain. Accordingly, any one or all persons listed herein agree that Hope Restorations, Inc shall have the right to obtain an immediate injunction enjoining and breach of this agreement, as well as to pursue any and all other rights and remedies available at law or in equity for such breach.



## CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

(9) This agreement shall be constructed, interpreted and applied in accordance with the laws of the state of North Carolina, subject to the terms and conditions as set forth under section 4 of this agreement. Any violation of the provisions of this agreement shall give cause for Hope Restorations, Inc to proceed against the receiving party for appropriate action such as civil, criminal or administrative remedies.

This Agreement may be modified upon written agreement between parties.

Executed as of the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
PROGRAM PARTICIPANT  
Printed Name

\_\_\_\_\_  
PROGRAM PARTICIPANT  
Signature

\_\_\_\_\_  
MM/DD/YYYY  
Date

\_\_\_\_\_  
WITNESS  
Printed Name

\_\_\_\_\_  
WITNESS  
Signature

\_\_\_\_\_  
MM/DD/YYYY  
Date



## NOTIFICATION AND RELEASE

The information contained in this application for participation with Hope Restorations, Inc. is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by Hope Restorations, Inc. will result in termination from the program. I understand and agree that all information furnished in my application and all attachments may be verified by Hope Restorations, Inc. or its authorized representatives. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give Hope Restorations, Inc. all information relative to such verification and hereby release such individuals and organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by Hope Restorations, Inc. that it may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist Hope Restorations, Inc, in making certain program participant screening decisions. I further acknowledge notification by Hope Restorations, Inc. that reports may be provided to Hope Restorations, Inc. by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Hope Restorations, Inc., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. Hope Restorations, Inc. agrees to inform you if a residency decision has been influenced by information contained in a consumer report, made at our request by Hope Restorations, Inc.



# NOTIFICATION AND RELEASE

List all the names you have used in the past seven years including married, maiden, and aliases

*Current*

Full Name :	<input type="text"/>	Date of Birth :	<input type="text"/>
		<small>MM/DD/YYYY</small>	
Maiden Name or "AKA" :	<input type="text"/>	Dates Used :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	

*Additional*

Full Name :	<input type="text"/>	Date of Birth :	<input type="text"/>
		<small>MM/DD/YYYY</small>	
Maiden Name or "AKA" :	<input type="text"/>	Dates Used :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	

Full Name :	<input type="text"/>	Date of Birth :	<input type="text"/>
		<small>MM/DD/YYYY</small>	
Maiden Name or "AKA" :	<input type="text"/>	Dates Used :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	

List all the addresses you have occupied in the past seven years

Street Name :	<input type="text"/>	Occupied :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	
City :	<input type="text"/>	State :	<input type="text"/>
ZIP :	<input type="text"/>	County :	<input type="text"/>

Street Name :	<input type="text"/>	Occupied :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	
City :	<input type="text"/>	State :	<input type="text"/>
ZIP :	<input type="text"/>	County :	<input type="text"/>

Street Name :	<input type="text"/>	Occupied :	<i>From</i> <input type="text"/> <i>To</i> <input type="text"/>
		<small>YYYY</small>	
City :	<input type="text"/>	State :	<input type="text"/>
ZIP :	<input type="text"/>	County :	<input type="text"/>

Print/add another page if necessary

**THIS PAGE IS FOR**  
**HOPE RESTORATIONS' USE ONLY**

**Please place a check next to the searches to be conducted**

- Nationwide Criminal Database Search**
  
- Nationwide Sexual Offender Check**

*If verifications are ordered, additional information must accompany this release.*

**Contact**

**Email: [hoperkinstonnc@gmail.com](mailto:hoperkinstonnc@gmail.com)**

**Phone: (252) 520-9975**



**PROGRAM REFERRAL**

**PROGRAM REFERRAL** *\*NOT FOR APPLICANT USE\**

Applicant Name :

Form completed by :

Relationship to applicant: (check all that apply) :

- Counselor
- Professional
- Pastor
- Former Supervisor
- Probation/Parole Officer
- Other: \_\_\_\_\_

Please explain why you feel this applicant will benefit from our program: