



Re: Request for Information/Application

Greetings in Jesus name! We pray that this information packet has reached you in the best of health and spirits. It is our understanding that you would like to be considered to participate in the Liberty Ministries After-Care Program.

Please take some time to pray in order that you may receive clear direction from the Lord concerning your future. If you decide that Liberty Ministries is the right program for you, **complete all of the documentation and return them as soon as possible**. Due to space availability and the time needed to properly evaluate your application, it is extremely important that you return ALL documentation immediately.

We have also enclosed some literature for you that you may better understand who Liberty Ministries is and what we are doing.

We are excited about the prospect of serving you as you begin rebuilding your life and becoming the Man or Woman of God that you are destined to be. We look forward to hearing from you soon.

(See reverse for instructions)

In Christ Jesus,

A handwritten signature in blue ink, appearing to read "Hal Ludwig", written over a horizontal line.

Hal Ludwig, MS
Director of Residential Programs

This letter does not mean you have been accepted into Liberty Ministries.

Instructions

1. Sign and date the **Liberty Ministries Program** sheet stating that you have read its contents and agree to abide by them.
2. Sign and date the **Release and Consent Form** (a release of information). **This form is for your counselor**. This form will grant your counselor permission to speak with us by phone and to release to us your classification summary, mental health records, medical records, misconducts, minimum and maximum dates, open cases, inmate progress reports, conditions of parole, housing summaries, prescriptive programming, etc. We cannot complete your application process without this information.
3. Fill out the **Liberty Ministries Program Application** and **Application Questions** completely. **Any blank spaces could cause your application to be denied.** If you do not know the answer to a question please write "I Don't Know". If a question doesn't apply to you please write in "Not Applicable (N/A)". This will allow your application to be processed expeditiously.
4. Read and sign the enclosed **Liberty Ministries Job Description** and write down any limitations you may have in regard to the required qualifications.
5. Fill out and sign the **Application for Employment at Liberty Ministries Thrift**
6. **Fill in your name and prison I.D. number and take the Chaplain Referral form to your chaplain's office; they will see that it is returned to us.**
7. **You must return ALL paperwork that requires a signature and date, in order to ensure that your application is processed.**

Liberty House / Ann's House

Liberty House for men and Ann's House for women are the residential after-care facilities of Liberty Ministries. They are Christian homes for individuals coming out of prison. All residents are expected to live and work together as a family. Since Jesus Christ is the head of the home, all residents are expected to live in a manner that brings glory to Him and helps to provide an atmosphere of love and cooperation.

Each new resident is given a Resident Program Manual that contains the house rules and program materials.

Residents are required to maintain:

1. A daily journal and record the Scripture(s) used in devotions.
2. A Scripture memorization journal.
3. Goals for several different areas (spiritual, financial, relationships, etc.)

Residents are also encouraged to maintain:

4. A social activity journal showing the different "fun" things done each week.
5. A church attendance journal showing which church the resident attended.
6. An exercise journal showing the physical exercise completed.
7. A contact list of names, addresses, and phone numbers of new contacts made while at Liberty.
8. A financial worksheet used to prepare and monitor a budget.

In addition, there are specific goals that each resident must accomplish in order to graduate from the program. Rewards are given to residents contingent upon their conduct. In other words, we will reward good behavior. An example of a reward might be the privilege of an overnight or weekend visit with approved family members or friends.

During the first 90 days in the after-care program, residents attend morning and/or evening classes, watch required DVD'S or videos, listen to tapes, work at *Liberty Ministries Thrift*, take care of probation/parole issues, and get any required identification. The main focus during this Phase will be for residents to acclimate them-selves to the policies and procedures of the House and allow ministry staff the opportunity to assess individual needs. At the end of this Phase, residents will start applying for full-time employment.

We will assist all residents in finding desirable employment, when at all possible. We will provide transportation to a place of employment as long as it is within the suggested radius and time guidelines. Once they begin working (any paid position), residents will pay \$130.00 per week for room, board, transportation, and programming. Residents may keep up to a maximum of \$75.00 every two weeks for their personal use. All other monies will be deposited into a restricted escrow account that will remain secure until completion of the program.

Each resident is responsible for keeping their room clean and doing their own laundry, including sheets, pillowcases, blankets, bedspreads, towels, and washcloths provided by Liberty Ministries.

To insure that the after-care program functions properly, we have put in place specific policies and procedures. We ask that every candidate take a few minutes to review some of our more critical policies before deciding to come to a Liberty Ministries after-care program. Much prayer should accompany all decisions.

1. The use or possession of illegal drugs, alcohol, or weapons is strictly forbidden and may result in immediate expulsion from the program. Residents will be required to submit to random and for cause drugs tests.
2. Residents are required to **sign-out every time they leave the premises and sign back in when they return**. We work closely with Parole/Probation and they require us to know where you are at all times. Curfew is at 10:00pm each night.
3. Visitors are permitted only with prior staff approval. All contact with persons outside Liberty House is subject to staff review and must be discontinued upon staff request.
4. Phone calls are limited to 15 minutes a day during the week and 30 minutes a day on the weekend using the House phone. No phone calls can be made or received during the dinner meal, evening programs, or after 10:00pm. Personal cell phones are an earned privilege in the first month. Smartphones are not permitted in Phase One. Using social media such as Facebook is not permitted in Phase One.
5. Residents are required to participate in the following:
 - a) Sunday service at an approved church.
 - b) Monday through Thursday morning and evening classes.
 - c) Personal counseling as scheduled.
 - d) Social activities as scheduled.
 - e) Preparing dinner as scheduled.
 - f) Daily and weekly chores as scheduled.
 - g) Working at our Thrift Stores as scheduled.
6. Any exclusive, personal, involvement with an individual, other than your immediate family, is prohibited in Phase One. **All of your attention should be focused on strengthening your spiritual life**. Intimate relationships with another individual can be a distraction to this objective. However, in Phase Two, a resident may be allowed to have a personal relationship if the Leadership Team approves.
7. Driving a personal vehicle is not permitted in Phase One, but is possible with approval in Phase Two.
8. All residents are expected to receive instruction and direction from staff without complaining or having a critical spirit.

There is a disciplinary point system in the after-care program. Each infraction of program rules has an assigned value from one (1) to six (6). Once a resident has accumulated six (6) points, they may be expelled from the program.

Individuals who come to the Liberty Ministries Program, and have a sincere commitment to rebuild their lives, graduate from the program, stay out of prison, restore broken relationships, and succeed in life. If this is your desire and your mission, we stand ready to help you in any way possible.

Sign: _____

Date: _____

Release and Consent

Re: Release of Classification Summary & Other Confidential Information

To Whom It May Concern:

I _____, hereby waive my rights under any state or federal law or regulation, whether statutory or by common law which protects my privacy and serves to prevent the disclosure of confidential information about me.

I authorize the verbal and written disclosure to Liberty Ministries, or its agents, of any and all information pertaining to me contained in the files or systems of records maintained anywhere, including but not limited to legal/criminal, psychological, and medical information.

I hereby waive any rights I have under state or federal laws or regulations to prior notice of such disclosure or of any rights that I may have to an accounting of such disclosure to Liberty Ministries. I understand that this Release and Consent will be used by Liberty Ministries to request disclosure of information pertaining to me from any agency, whether governmental or private, to which this is presented.

I acknowledge that this information is to be obtained for the purpose of conducting an investigation to determine my suitability for the Liberty Ministries Program. I hereby release you and Liberty Ministries from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request for information.

Authorizing Signature
(Full Name)

Full Name
(Printed or Typed)

Date

**Sign this document and return it to us with your application.
We will not process your application to the Liberty Ministries Program without it.
There are no exceptions to this procedure.**

Liberty Ministries Program Application

Personal Information (Please Print Clearly)

Received Application From (L.M., Friend, Internet, etc.): _____ Date: _____

Counselor's Name: _____ Counselor's Phone Number: _____

Name (Last/First/Middle): _____ Prison I.D. #: _____

Alias(es): _____

D/O/B: ___/___/___ Present Age: ___ Height: ___ Weight: ___ SSN: _____-_____-_____

Present Address/Institution Name Address: _____

City: _____ State: _____ Zip Code _____

Phone number: _____

Previous Home Address: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Current Identification

Social Security: No ___ Yes ___ Birth Certificate: No ___ Yes ___ State: _____

Driver's License: No ___ Yes ___ DL # _____ State: _____

Other Valid ID: No ___ Yes ___ ID # _____ State: _____

Family Information (Please Print Clearly)

Marital Status: Married Common Law Divorced Separated Single

Are you engaged to be married? Yes ___ No ___ Number of Children: _____

Do you have custody of any children? Yes ___ No ___ Who has child custody? _____

Are you currently in a romantic relationship? Yes ___ No ___ Sexual orientation: _____

Spouse's Name: _____ Address: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Parent(s) Name: _____ Address: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Emergency Contact Name: _____ Relationship: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Medical and Mental Health Information

If female, are you currently pregnant? Yes ___ No ___

Are you allergic to any medications, foods or environmental conditions? Yes ___ No ___

If yes, please explain: _____

Are you currently taking any prescription medications? Yes ___ No ___

If yes, please list: _____

Check all that apply to your current (C) and past (P) conditions

- | | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> <input type="checkbox"/> Hallucinations | <input type="checkbox"/> <input type="checkbox"/> Paranoia | <input type="checkbox"/> <input type="checkbox"/> PTSD |
| <input type="checkbox"/> <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> <input type="checkbox"/> Other |
| <input type="checkbox"/> <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> <input type="checkbox"/> Insomnia | <input type="checkbox"/> <input type="checkbox"/> Sexual Abuse | |
| <input type="checkbox"/> <input type="checkbox"/> Depression | <input type="checkbox"/> <input type="checkbox"/> Multiple Personalities | <input type="checkbox"/> <input type="checkbox"/> Suicidal Thoughts | |

Please explain checked boxes here: _____

Check all that apply to your current (C) and past (P) conditions

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> Asthma | <input type="checkbox"/> <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> <input type="checkbox"/> Dental |
| <input type="checkbox"/> <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> <input type="checkbox"/> Head Trauma | <input type="checkbox"/> <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other |
| <input type="checkbox"/> <input type="checkbox"/> Back Problems | <input type="checkbox"/> <input type="checkbox"/> Heart Condition | <input type="checkbox"/> <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II | <input type="checkbox"/> <input type="checkbox"/> Hepatitis | <input type="checkbox"/> <input type="checkbox"/> Tuberculosis | |

Please explain checked boxes here: _____

Have you ever received counseling or been under psychiatric care? Yes___ No___

If yes, please explain: _____

Do you have any other medical condition(s) that has not been addressed above? Yes___ No___

If yes, please explain: _____

Liberty Ministries Program Resident Screening for Tuberculosis (Please Read Carefully)

Upon appointment as a resident to the Liberty Ministries Program, a test for the presence of Tuberculosis (Mantoux PPD) or a chest X-Ray, in the event that a previous TB skin test was positive, must be administered. The cost of the test(s) will be paid for by Liberty Ministries. This testing will be conducted by the physician who generally provides services to Program Residents. In the event of a positive skin test or chest X-Ray, Liberty Ministries will support the follow up instructions of the attending physician for the resident. If the resident refuses treatment, they will be removed from the Liberty Ministries program for the safety of residents and staff.

If the new resident has had a tuberculosis test administered within 6 months prior to her appointment to the program that yielded a negative result, a copy of the results, signed and dated by the physician/agency performing the screening will meet the prerequisite.

In the event of known exposure to tuberculosis through program participation, an updated test will be required of the resident at the expense of Liberty Ministries.

Initial: Agree _____ Disagree _____ Signature: _____ Date: _____

Religious Affiliation and Involvement (Please Print Clearly)

Do you currently attend Church services and/or Bible studies? Yes___ No___

If yes, How often do you attend services each week? _____

How long have you been attending services while incarcerated? _____

If you have attended a Liberty Ministries service, who was the leader? _____

Have you previously been accepted to or in the Liberty Ministries Program? Yes___ No___

What is your present religious faith? _____ How Long? _____

What, if any, is your denominational background? _____

Do you have any concerns about following only the teachings of the Protestant faith? Yes___ No___

Who is your Chaplain/Pastor or religious coordinator? _____

Church _____ City _____ State _____

Please use provided sheets to describe your personal testimony and provide personal references (pages # 10-11).

Legal Matters (Please Print Clearly)

What was your arrest date? _____ What is length of your sentence? _____

What is your current charge(s)? _____

What is your account of the events that led to your arrest? _____

Parole date (if applicable) _____ Length of Probation and Parole _____

When do you plan to see the parole board _____ Maximum date _____

Paroled to State/County _____ Conditions Drug Alcohol Other _____

Please list any outstanding charges and offense history, charges and/or arrests and convictions.

(Failure to supply this information could result in your rejection to the Liberty Ministries Program)

Liberty Ministries Program 6 Point Rules (Please Read Carefully)

Liberty Ministries makes a twelve-month commitment to all applicants who are accepted into the program. Each resident is governed by a six point system. This system addresses offenses to the rules and requirements of the Liberty Ministries Program. A resident who commits a six-point violation or who accumulates more than six points is subject to immediate expulsion from the program. In some cases, at the discretion of the Leadership Team, a resident may be given the opportunity to remain in the program or to restart the program.

Initial: Agree _____ Disagree _____ Signature: _____ Date: _____

Affirmation (Please Read Carefully)

I hereby make application to the Liberty Ministries Program and release this information for use in rendering a decision concerning my acceptance. I certify that the information contained in this application is true and complete. I further understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient ground for rejection of this application or expulsion from the Liberty Ministries Program. I have read the Liberty Ministries Program regulations and agree to willingly abide by them. I further understand that this is a Christ-centered ministry with Christian values and expectations for my behavior.

Signature _____ Date _____

Personal References (Please Print Clearly)

Please provide names of personal references (examples: Pastors, Employers, Neighbors, Friends, etc.)

Name: _____ Relationship: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Name: _____ Relationship: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Name: _____ Relationship: _____

City: _____ State: _____ Zip Code _____ Phone # () _____

Application Questions: Please provide complete and thorough answers to all question.

What are the three most difficult things you will face upon your release from prison?

We all have strengths and weaknesses. Please describe three of each that you believe you possess.

Strengths: _____

Weaknesses: _____

Please describe how your faith influences how you live your life. Please provide at least two examples.

Do you believe that the justice system has treated you fairly? Please explain your answer.

What do you think that God wants you to do with the rest of your life?

What three things do you hope that Liberty can help you achieve? Explain

What does it mean to you to be a Christian? How does a person know they are a Christian?

On a scale of 1-10 (with 10 being the greatest) how much of your life needs to change? Explain

When you consider the events that led to your incarceration, what thoughts do you have about them? Would you do anything differently?

Describe the person you hope to become at the completion of our residential program.

How has substance use/dependency impacted your decision making?

Have you ever been the victim of the following types of abuse? (Indicate all)

- Emotional Physical Sexual

Is there anyone in your life that you want to forgive you? If so, who?

What are the key life events that contributed to your imprisonment?

What are the three most important things you have learned through your prison experience?

How do you typically respond to difficult challenges in your life?

Please explain the circumstances that led you to become a Christian; how you know that you are a Christian; what are your daily practices (prayer, Bible study, devotions, etc.).

LIBERTY MINISTRIES JOB DESCRIPTION

JOB TITLE: Program Employee

REPORTS TO: Store Manager/Management Team

MISSION STATEMENT:

Liberty Ministries exists to serve offenders in prison and ex-offenders in the community by showing God's love, providing practical assistance, and supporting biblical standards of justice.

JOB SUMMARY:

Liberty Ministries Program Employees have direct contact with customers and donors each day. They are responsible for things such as loading and unloading customers' cars, sorting through incoming donations, sweeping, cleaning and any other tasks assigned to them by their supervisors.

PRINCIPLE FUNCTIONS:

1. Accepting and declining donations from customers according to established Thrift guidelines.
2. Processing, organizing and distributing donations after they have been dropped off.
3. Lifting furniture and stacking neatly while maintaining a clean and safe work environment.
4. Help transport and display furniture and other product onto store floor.
5. Sorting donations into different seasons and holidays and efficiently packaging boxes for future seasons.
6. Loading product into customers' vehicles as well as loading trucks for deliveries.

PERSONAL QUALIFICATIONS:

1. Must be capable of lifting 50 pounds.
2. Able to sort donations
3. Able to communicate well with customers
4. Able to bend, stoop, stretch, kneel, push and pull.
5. Must be respectful of others.
6. Must be neat in appearance and practice good hygiene.
7. Must be respectful of people's homes and the things they are donating.
8. Must understand and be able to operate store equipment such as bailer, hand-truck, pallet jack, containers, truck ramps, and locks on bins.
9. Good organizational skills

SIGN BELOW TO ACKNOWLEDGE THAT YOU ARE ABLE TO PERFORM THE DUTIES AS LISTED ABOVE:

Signature

Date

LIBERTY MINISTRIES
P.O. BOX 87
SCHWENKSVILLE, PA 19473-0087
610-287-5481

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Name _____

SS # _____ - _____ - _____

Address _____

Telephone # (____) _____

Are you 18 years or older? Yes No

Are you a U.S. Citizen? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, describe: _____

(You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you are applying.)

EDUCATION

Name & Address of School

Years Attended

Graduated

(Elementary)

(High School)

(College)

(Trade/Technical)

(Other)

Degrees and/or areas of study _____

Are you currently a member of the National Guard or Reserve? Yes No

EMPLOYMENT INFORMATION

Position desired: Program Employee

Date available: _____ Wage/Salary required: _____

Do you prefer Full Time Part Time

Are you currently employed? Yes No *If yes, where?* _____

May we inquire of your present employer? Yes No

Beginning with most recent, list below your last four employers:

<u>Name/Address of Employer</u>	<u>Dates employed</u>	<u>Position</u>	<u>Hourly Wage</u>	<u>Reason left</u>
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1. _____
2. _____
3. _____
4. _____

List below three people ***not related to you*** who could give a personal reference. At least one person should be able to relate to past employment.

<u>Name/ Address</u>	<u>Day Phone</u>	<u>Night Phone</u>
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1. _____
2. _____
3. _____

PHYSICAL INFORMATION (check one)

I am able to complete all functions as outlined in the job description.

I am able to complete all functions as outlined in the job description with the following adjustments or accommodations:

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Telephone # (____) _____ day

Telephone # (____) _____ evening

I certify that the facts contained in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without prior notice.

Signature _____

Date _____

This form has been designed to comply with State and Federal Fair Employment Practice laws prohibiting employment discrimination.

Do not write below this line

Interviewed by _____

Date _____

Comments:

Hired Yes No Position _____

Wage/Salary _____

Date reporting to work _____

MISSION STATEMENT: Liberty Ministries exists to serve offenders in prison and ex-offenders in the community by showing God's love, providing practical assistance and supporting biblical standards of justice.

The Liberty Ministries Residential Program is a Christian home for individuals coming out of prison. All residents are expected to live and work together as a family. Since Jesus Christ is the head of our home, residents are expected to live in a manner that brings glory to Him; helping to provide an atmosphere of love and cooperation. This is a very strict program and should be chosen as a home plan only if the potential candidate is committed to starting a new life in Christ.

Residents are required to maintain:

- A daily journal and record the Scripture(s) used in devotions.
- A Scripture memorization journal.
- Goals for several different areas (spiritual, financial, relationships, etc.)

Residents are encouraged to maintain:

- A social activity journal showing the different "fun" things done each week.
- A church attendance journal showing which church the resident attended.
- An exercise journal showing the physical exercise done by the resident.
- A contact list showing names and phone numbers of new contacts made while in the program.
- A financial worksheet used to prepare and monitor a budget.

Residents are required to participate in the following:

- Sunday morning attendance at an approved church.
- Monday-Thursday evening classes as scheduled.
- Personal counseling as scheduled.
- Social activities as scheduled.
- Preparing dinner as scheduled.
- Daily and weekly chores as scheduled.
- Working at our thrift stores as scheduled.

In addition, there are specific goals that each resident must accomplish in order to graduate from the program. Specific privileges are given to residents contingent upon their conduct and meeting goals.

**We thank you in advance for your time and support and ask that you keep this ministry in prayer.
God Bless.**



PLEASE HAVE YOUR CHAPLAIN COMPLETE THIS SHEET AND RETURN.

Inmate's Name and ID# _____

Dear Chaplain,

The above named inmate is interested in the Liberty Ministries Residential Program. Would you or someone on your staff who often communicates with this inmate please answer the following questions and return it to me at your earliest convenience. This information is a vital part of their application to the Liberty Ministries Residential Program.

Church attendance: _____ Often (3 out of 4 Sundays per month)
 _____ Seldom (1 out of 4 Sundays per month)
 _____ Never

Bible Study attendance: _____ Once a week or more
 _____ Once a month or more
 _____ Rarely _____ Never

Have you had any personal contact with this individual other than at the entry level? Please explain.

Would you recommend them for this program? Please explain:

Thank you for your insights.

In His Service,

Hal Ludwig, MS
Director of Residential Programs

Date: _____
Phone: _____ ext. _____
Chaplain's Name _____