



FUTURE HOPE Pre-APPRENTICESHIP RECOVERY PROGRAM, INC.

"An Apprenticeship Program Designed to Develop & Enhance Job Readiness Skills"

STUDENT APPLICATION

Date: _____

Agency/ID#: _____

Personal Information:

Name: _____ Email Address: _____

Address: _____

(Street) (City) (State) (Zip
Code)

Home Tele. #: _____ Mobile Tele. #: _____

Contact (in case of emergency): _____

(Name) (Tele. #) (Relationship to)

Industry Experience:

What type of construction work are you familiar with? *(circle one)*

Painting Carpentry Roofing Drywall Plastering Taping Other _____

How much experience do you have in these professions? Years _____ Months _____

What type of training are you interested in? _____

How did you hear about the Future Hope Apprenticeship Program (FHAP)? _____

Employment Information:

Most recent employment: _____

(Company Name) (City/State) (Position held)

Telephone #: _____

Supervisor: _____

Next most recent employment: _____
(Company Name) (City/State) (Position held)

Telephone #: _____

Supervisor: _____

FHARP IS A DRUG & ALCOHOL FREE PROGRAM

101 Nightingale Street, Boston, Massachusetts 02124 * Telephone #: (617) 533-7954 / Fax #: (617) 740-9484

Demographic Information:

Date of Birth: _____ (please do not leave blank)

Sex: Male _____ Female _____ **U. S. Citizen?** Yes _____ No _____

Marital Status: Single _____ Married _____ **Disability Status:** Yes _____ No _____

Veteran Status: Vietnam Era Veteran _____ Other Veteran _____ Non-Veteran _____ None _____

If Yes, were you discharged with a DD214? Yes _____ No _____

Ethnic Group (check all that apply):

White _____ African American/Black _____ American Indian or Alaskan Native _____
Asian or Pacific Islander _____ Hispanic _____ Other _____

Education Information:

Last grade completed (check one):

Grade School _____ High School _____ GED or MCAS _____
College (2 yr.) _____ College (4 yr.) _____ Vocational/Trade School _____

Educational Goals, Certifications or Awards: _____

Facility Information:

Check which one applies to you: ___state ___county ___federal ___halfway house ___sober house, single room occupancy ___on own ___other ___not applicable

Name of Facility: _____

Address: _____
(Street) (City) (State) (Zip Code)

Condition of Residency: _____

Type of Facility: Federal _____ State _____ Release date: _____

Case Manager: _____

Telephone: _____

Criminal History: (All information is confidential)

Criminal Record: Yes ___ No ___

Case Pending: Yes ___ No ___

Explain _____

Medical History:

Medical condition (circle one): Excellent Good Fair Poor

Prescription Drugs (Please List)

Reason for Prescription

Over the counter medication _____ **Reason** _____

Drug Use: Yes ___ No ___ If yes, when was the last time used & how often?-Explain _____

Are you attending AA or NA or other meetings? Explain: _____

Alcohol Use: Yes ___ No ___ If yes, when was the last time used & how often?-Explain _____

Are you involved with any other agencies? Yes ___ No ___ If yes, Explain _____

Are there any other present or past physical problems that may interfere with your job performance?

Have you ever had surgery? If so, what type? when? _____

Were there any complications? _____

Other Significant Medical Information _____

Annual family income (Include all income from all sources) \$ _____

AFDC _____, SSI _____, GR _____, TA, Veteran Benefits _____, Other _____

Please explain _____

Female head of household (circle one): Yes or No

LIVING STATUS: (Circle one)

Own Rent Living with family Homeless Other _____

Public Housing: Section 8 Yes _____ No _____

Applicant Comments, Concerns or Questions: _____

FHAP Policy & Procedures (subject to change) You agree...

- This is a drug & alcohol free program - **Substance Abuse Policy:**
 - It is a policy of *FHAP* to provide a safe and productive work environment that is free from effects of drugs and alcohol.
 - No participant shall report to class or remain in class while under the influence of an illegal drug, controlled substance or alcohol. Violators will be subject to disciplinary action.
 - Participants will be subject to random drug tests, if you refuse or ingest anything (topically or orally) to mask results. If found positive, you will be required to enter a detox program or attend 3 AA/NA meetings (2 with a Recovery Coach) and levels must come down in order to remain in the program, no change will result in termination.
 - Deny authorization for a medical professional, lab or other service to provide results,
 - Once Recovery Coaches, Case Managers, and therapist are introduced, you are responsible for reaching out for assistance.

- To be accountable for all information shared verbally or written by *FHAP* staff or affiliates and to be considerate of others and information they may share in confidence.

- To respect the at all times, by using appropriate language, no profanity or inappropriate behavior will be tolerated. No gum chewing and Men will remove their hats upon entering}, and no sunglasses.

- To communicate honestly and respectfully, not exhibit a combative or negative attitude. No intimidation, name calling or making fun of anyone at any time during program hours.
- To turn OFF **all** electronic devices (cell phones, tablets, iPods, games, etc.), not on silent or vibrate but completely OFF {if observed using a device, you will be ask to give it up until the end of the day; If you refuse, than you will be asked to leave and this will be considered an unexcused absence.}
- To provide documentation if you are going to be absent for part or a whole day, in advance for the very next class you attend. {3 unexcused absences will result in your termination from this program}
- To contact ATR Coordinator, case worker, lawyer, or parole/probation officer timely for any/all needed vouchers (apprenticeship, recovery coaching), letters, progress reports, etc.
- If terminated before internship, you agree to return your binder and tools to the FHAP office immediately.
- To make sure the office has your current contact information at all times.
- Neither FHARP nor Greater Love Tabernacle Church (GLT) is responsible for personal belongs if lost, stolen or damaged.

By signing below, you are stating that you have read, understood and agree to comply with each policy and procedure listed above. You will ask questions on anything you do not understand. You will conduct yourself with respect, honor, and maturity. You will participate in each subject offered in order to complete the course in its entirety.

Signature: _____ **Date:** _____

DOCUMENTATION LOG FOR PROSPECTIVE TRAINEES

Proof of Identity {must provide at least 1}:

- MASS ID MASS LIC.

Proof of Citizenship {must provide at least 1}:

- Birth Certificate Passport Immigration Card Soc. Sec. Card

Proof of Address {must provide at least 1}:

- A bill with your address on it Letter from Landlord verifying address on appl.

Proof of Income:

- Pay Stub W-2 Form/Letter from employer Self statement of Unemployment

- Letter of Authorization for Release
- Physical
- Register with Selective Service
- Sponsor Form
- High School Transcript Request Form
- CORI Request Form
- 300 Word Essay [On a separate page, no less than one page and clearly handwritten]

{Describe an experience that had a profound effect on your life, good or bad. What did you learn from it? Or where would you like to see yourself in 1-3 years' time? Or what would it mean for you (& possibly your family), for you to successfully complete this program and obtain employment? Or choose a topic of your own that you feel comfortable sharing.}

CALL FOR APPOINTMENT WHEN APPLICATION & ESSAY ARE COMPLETED

{Please do not write in the space below}

Notes: _____

