

Next Step Ministry

%Box N Mail Box 135

Brownwood, TX 76801

Application for Participation

Name: _____ Today's Date: _____

Address: _____ Date of Birth: _____ Age: _____

City, State, Zip: _____ Date of Release or availability: _____

Marital Status: (Please Circle) Single Married Separated Divorced Widowed

Total Number of Children: _____ Ages: _____

Race: (Please Circle) White Black African Native American Hispanic Other

Education Completed: _____ Previous Occupations: _____

What is your transition plan to re-enter society? _____

What are some goals you would like to achieve? _____

What is your relationship to God, Jesus Christ, and the Holy Spirit? _____

Do you have any health concerns that need to be addressed immediately? _____

Is there any additional information that you feel would be helpful to us? _____

We look forward to getting to know you and sharing in the blessing of getting to know God together. Let's continue to encourage each other on our journey.