



## Core Member Application

Please answer the following questions. Use another piece of paper if you need more space to complete your answers. Send completed form to: Chaplain La Crosse County Jail, 333 Vine Street, La Crosse WI 54601.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (if known) \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_\_

Anticipated Release Date \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

Circle one:          Probation   Parole Extended Supervision   None

What programs will you be involved with after release? Circle all that apply:

Justice Sanctions   Drug Court   Counseling   Intensive Outpatient

Half-way House/Sober Living   Support Group   Other (please describe):

Describe a time in your life when you felt good about something you accomplished:

How did you achieve this?

What skills, strengths, and talents have helped you to succeed?

What are 3 goals you want to accomplish within the next 6 months when you return to the community?

- 1.
- 2.
- 3.

How do you plan to accomplish your goals?

What can the Circle do to support you in accomplishing these goals?

If there is a Circle open that are members of a specific faith community would you want to join that Circle? Yes \_\_\_ or No \_\_\_ If yes, which faith? \_\_\_\_\_  
(Buddhist, Christian, Muslim, Jewish, etc.)

I understand and assume all responsibility for the relationships between myself and the other Circle members. I agree to hold the Circles of Support program, the La Crosse Jail Ministry, the County Sheriff's Department and Jail, and the State Department of Corrections harmless for any actions of volunteer participants or myself.

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Core Member Applicant Signature

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Date