To apply for membership at Brian’s Place, Inc., complete and return the application to:

Brian’s Place, Inc. P.O. Box 133, Rural Hall, NC, 27045 or scan and email to [director@briansplaceinc.com](mailto:director@briansplaceinc.com)

**PLEASE PRINT**

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| 1. Name:{Last, First, Middle} | 1. Date of Birth:   Month Day Year |
| 1. Current address:   Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is this a treatment facility or shelter \_\_\_Yes \_\_\_No  Will this be a permanent address after Brian’s Place?  \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No | 1. In case of an emergency contact:   Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip  Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What is/was your official release date?   Month Day Year  Will you be on probation once released? \_\_\_Yes \_\_\_No | 1. Are you currently on Probation?   \_\_\_\_Yes \_\_\_\_\_\_No  If so, when does your probation end?  Month Day Year |
| 1. Name of your Probation Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Are you a registered sex offender?   \_\_\_\_\_Yes \_\_\_\_\_\_No  Offense: |
| 1. Marital status: Check (X)   \_\_\_Married\_\_\_ Separated\_\_ \_Divorced\_\_\_ Never married  \_\_\_\_Widower | 1. Gender: Check (X)   \_\_\_Male \_\_\_Female \_\_\_Other |
| 1. Are you an alcoholic? \_\_\_\_Yes \_\_\_\_No   If so, date of last drink: Month\_\_\_\_ Day\_\_\_\_ Year\_\_\_\_\_ | 1. Are you addicted to drugs?   \_\_\_\_Yes \_\_\_\_\_No |
| 1. Why do you want to become a member of Brian’s Place? | 1. Education: Check (X)   High School Diploma or GED\_\_\_  Bachelor’s Degree\_\_\_  Master’s Degree \_\_\_  MD – Ph.D – EdD \_\_\_ |
| 1. Do you have or did you have a valid driver’s license?   \_\_\_\_Yes \_\_\_\_\_No  State of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  When revoked\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Do you plan to take steps to get your license reinstated?   \_\_\_\_\_Yes \_\_\_\_\_\_\_No |

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| 17.When was your last doctor’s visit?  Month\_\_\_\_\_ Day\_\_\_\_ Year\_\_\_\_\_\_\_\_  Do you have a PCP? (Primary Care Physician)\_\_\_\_Yes\_\_\_\_No | 1. Are you sick or disabled? Explain in detail. |
| 1. Do you take prescribed medications? If so, please list medication and related illness:   Medicine / Treatment for:  1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Other medications besides those listed? \_\_\_\_Yes \_\_\_\_No 2. Have you ever been diagnosed, treated, or committed for mental illness? \_\_\_\_Yes \_\_\_\_No   If so, where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Are you currently employed? \_\_\_\_\_Yes \_\_\_\_\_\_No   If no, are you able to work? \_\_\_\_\_\_Yes \_\_\_\_\_No  Disabled \_\_Yes \_\_No Social Security Yes\_\_\_\_No\_\_\_\_  If yes, do you receive compensation?\_ \_\_\_\_Yes \_\_\_\_\_No  Unemployment compensation? \_\_\_\_\_Yes \_\_\_\_\_No | 1. If employed   Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long with company\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Retired \_\_\_\_\_Yes \_\_\_\_\_\_No   If yes – retirement date/ Month\_\_\_\_\_\_\_Day\_\_\_\_\_\_ Year\_\_\_\_\_\_ | 1. Does someone else handle your finances? \_\_\_\_\_Yes \_\_\_\_\_\_No |
| 1. Do you have plans to further your education?   \_\_\_\_\_\_Yes \_\_\_\_\_\_No  If yes, explain in detail how Brian’s Place can help you to reach your goals: | 1. Short term goals: Where do you see yourself in:   1 year:  3 years:  5 years: |
| 1. Long term goals:   Do you plan to reside in North Carolina? \_\_\_\_\_\_Yes \_\_\_\_No  Career goal(s)  Marriage \_\_\_\_\_\_Yes No\_\_\_\_\_\_ Undecided\_\_\_\_\_\_  Do you have children Yes\_\_\_ No\_\_\_\_\_  If yes, list: NAME AGE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Do you believe that a committed relationship among you, Brian’s Place and it’s partners can make a positive difference in your life?   \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No |
| 1. If accepted, membership in Brian’s place is evaluated annually. Do you think you will need less than a year?   \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No | 31. Membership beyond (1) year must receive prior approval. Do you think you will need more than a year to become established?  \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No |
| 1. Are you a member of any gang? \_\_\_\_\_\_Yes \_\_\_\_\_\_No | 32 Have you ever been a member of any gang?  If so, what gang?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State  When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Brian's Place Inc. conducts a 12 month residential program for ex-offenders (Indemnifier/Members) at 617 Mulberry St., Winston-Salem, NC. The Indemnitee (Corporation) wishes to be indemnified against any and all liability that may result from member participation.

The Indemnifier (Members) will hold harmless and indemnify the Indemnitee against any and all claims and actions arising out of the participation of the Indemnitee in the Activity, including, without limitation, Expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from the Indemnitee's participation in the residential program and associated activities .Where prohibited by law, the above indemnification does not include indemnification of the Indemnitee against a claim caused by the negligence or fault of the Indemnitee, its agent or employee, or any third party under the control or supervision of the Indemnitee, other than the Indemnifier or its agent, employee or subcontractors.

I have responded truthfully to all questions

and agree to all stipulations for **Membership** at Brian’s Place Inc.

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member

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Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION

Name/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date