

Stepping Out Ministries

Employment History:

Current Employer:		From:	
Address:		Telephone:	
Job Description:			
Former Employer:		From/To:	
Address:		Telephone:	
Job Description:			
Reason For Leaving:			
Former Employer:		From/To:	
Address:		Telephone:	
Job Description:			
Reason For Leaving:			
Former Employer:		From/To:	
Address:		Telephone:	
Job Description:			
Reason for leaving:			
How many different employers have you worked for in the last 5 years?:			

Skill Assessment:

Please list all skills used in employment during your last 3 jobs:

Treatment Profile:

Type:	Name:	Phone Number:	Date Entered:
Parole & Probation			
Drug & Alcohol			
Sex Offender			
Anger Managment			

For Office Use Only:

Rules Completed:	Yes / No	Application Completed:	Yes / No
Release Completed:	Yes / No	Disclosure Form, If Needed:	Yes / No
Action Plan Copied:	Yes / No	Address Verification Form:	Yes / No
Intake Completed:	Yes / No	Staff Present At Intake:	Yes / No
Entry House:		Entry Date:	
Transfer Or Transition:		Exit Date:	
Comments:			

Stepping Out Ministries

P.O. Box 12277 Salem, Oregon 97309
Office: 503-363-2805 Fax: 503-585-1269
E-Mail: somoffice@comcast.net

RELEASE AND WAIVER OF LIABILITY

PLEASE READ THIS CAREFULLY as it affects any rights you may have if you are injured or otherwise suffer damages while participating in the transitional services provided by Stepping Out Ministries.

I, _____ (“Member”) hereby release, waive, discharge and covenant not to sue Stepping Out Ministries (“Organization”) and any of the officers, agents and employees of the above-mentioned entities (“Releasees”) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs while Member is involved with Stepping Out Ministries.

Member further agrees to assume all liability for, and to hold Organization harmless from, all damages and all costs and fees in the defense thereof, caused by the negligence or willful act of Member or Member’s invitees or guests, in or upon any part of the demised premises, and to be responsible for any damage or breakage to Member’s equipment, fixtures or appliances therein or thereon, not caused by Organization’s misconduct or willful neglect.

Member further agrees to indemnify and hold harmless the RELEASEES whether injury is caused by Member’s negligence, the negligence of the RELEASEES or the negligence of any third party. Member further agrees that this Release and Waiver of Liability shall bind the members of its family and spouse, if Member is alive, and Member’s heirs, assigns and personal representatives, if Member am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. Member hereby further agrees that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Oregon.

By signing this Release and Waiver of Liability, Member states that it has read and understand the conditions set forth in this Release and agrees to all conditions set forth herein, and that said Release is signed voluntarily.

Client Signature

Date:

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Legal & Employment Information Release

I _____ hereby give my consent to any and every court of law, parole / probation department, law enforcement agency, therapists / treatment providers, and employers to release to Stepping Out Ministries or its authorized representative(s) any and all information, records, or reports, requested regarding my legal and / or employment status. I agree to hold all parties blameless for any errors in any such records / reports.

I also agree to the release of any information regarding my progress and activities at Stepping Out Ministries to any law enforcement agency, court or probation / parole department.

I understand that any violation of the law or terms of my probation / parole will be reported to any and all agencies needed to hold me accountable and keep the community and myself safe.

Medical Information Release

I _____ hereby give my consent to any and every doctor, clinic, hospital or other medical facility including adult mental health providers and facilities to release to Stepping Out Ministries or its authorized representative(s) any and all medical records and/or reports they may request.

I also authorize Stepping Out Ministries to release to any such facility any and all information regarding my known medical condition, mental health condition, prescriptions and treatments or programs as deemed appropriate and necessary as determined by staff of Stepping Out Ministries.

I also give consent to receive any and all medical treatment, and release Stepping Out Ministries to act on my behalf should I be rendered unable and I also hold them harmless for decisions made in my best interest as deemed necessary by staff.

Client Signature

Date

****Private & Confidential****

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Disclosure Of Offender Conviction

Offense – Victim Profile – Treatment Status – Considerations
(Please Print Using Blue Or Black Ink)

Name: _____ Age: _____ Today's Date: _____

Incarceration Dates: _____ Supervision Dates: _____

Supervising Officer: _____ Treatment Provider: _____

Registration Required (Circle One): Yes No Treatment Status (Circle One): Starting In Progress Complete

Sex Offense Convictions Only:

Charges And Convictions:

Victim Profile: Number of Victims: _____

Victim #:	Sex (m)(f)	Age (yr)	Consensual (y) (n)	Forced (y) (n)	Stranger to Stranger	Family Member	In-Home (y) (n)	Public Places (y) (n)	Your Age (yr)
#1									
# 2									
# 3									
# 4									

Treatment Provider: _____

Special Considerations:

Offender: _____ Chaperone: _____