

Yahweh's Vineyard of Refuge

PO Box 595
Rolla, MO 65402

You brought a vine out of Egypt You drove out the nations and planted it
-Psalm 80:8



Y.V.R. RE-ENTRY PROGRAM APPLICATION

First Name _____

Last Name _____

D.O.B. ____/____/____

D.O.C.NO. _____

Date of Release ____/____/____

S.S.N. _____

Current address _____

Was your crime violent? _____

Was your crime sexual? _____

MEDICAL HISTORY

Describe any physical or mental problems you may have:

Emergency Contact info:

Name _____

Relationship to you _____

Telephone NO. & address _____

Signature & contact info. of recommending Elder or sponsor

1 page statement of why you would like to attend Y.V.R. re-entry program attached to application.