



SHIELD Ministries Re-Entry Educational Program Application and Agreement  
Educating Men for a Hope-filled Future

**ABOUT THE PROGRAM:**

**The SHIELD Ministries Program is an educational re-entry and prison intervention program.**

We offer certificates in each of the following classes:

- Work Ready 101
- Career Ready 102
- Financial Management
- Sustain the Change (Cognitive Behavioral Learning)
- Healing for Damaged Emotions
- Healing of Memories

A Diploma is earned by completing all the core classes. Eligible participants may enroll in CDL training after earning their diploma.

**Major Program Services Include:**

- Cognitive Learning for Life
- Career Planning
- Employment Preparation and Referral
- Spiritual Development
- Referrals to Other Agencies for Basic Needs Assistance
- Food
- Housing
- Sheets, Pillow, Towel, Washcloth, and Hygiene Package
- 10-Ride Bus Pass
- Assistance Signing Up for Health Insurance
- Transitional Case Management Assessments, Goal Setting and Tracking, and Referrals for Community Support

**APPLICATION PROCESS:**

- Applicants must complete and submit SHIELD Ministries Re-Entry Education Program Application.
- All questions must be answered. If a question does not apply, write N/A.
- If the application is approved, then an interview will be scheduled.
- After the interview is held, the participant will be notified of the final decision.

Failure to complete this application in its entirety or neglect to disclose all criminal, substance abuse history, mental and physical health history, and/or probation requirements may result in disqualification or rejection of the application. If there is information you do not know, then please mark with “Unknown”.

*(Please Print)*

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

I, \_\_\_\_\_ (Print Name) confirm that all information provided is complete and accurate.

\_\_\_\_\_  
(Applicants Signature) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date)

Applicant Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SCDC # \_\_\_\_\_ SID # \_\_\_\_\_

Those who are admitted into the SHIELD Program and are on community supervision with the SC Probation, Parole and Pardon (SC PPP) services, **may** be eligible for 30 days of program fee assistance. Upon admittance, your eligibility will be verified with SC PPP and if you are eligible, you will receive written notification and a nightly log sheet to complete each of the 30 days.



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List below the areas of your life you feel need to change.

What do you think you need to do to make the changes?

**SUPERVISED RELEASE REQUIREMENTS**

Men who are on supervised release monitored by the SC Department of Probation, Parole and Pardon services and who are required to register as a sex offender, will need to seek approval from Probation to participate in the SHIELD Ministries Program due to potential address restrictions.

**Please check if applicable:**

Applicant did not complete this form.  If applicant did not complete this form, does the applicant understand all requirements?

\_\_\_\_\_ Printed Name of Person completing application (if not applicant)  
\_\_\_\_\_ Relationship or Title (if completing for someone else)  
\_\_\_\_\_ Agency/Affiliation (if completing for someone else)

**REFERRAL INFORMATION**

How did you learn about this program? \_\_\_\_\_ Name of Person who referred you: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_ Referral Email Address: \_\_\_\_\_

Who do we notify about your application status: \_\_\_\_\_

What is their email address: \_\_\_\_\_

Give a brief statement about why you would like to be accepted into this program:

Have you applied to the SHIELD Ministries program before?  Yes  No

Are you a former participant?  Yes  No If yes, why did you leave? \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Social Security Number #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Gender**  Male  Female **Marital Status:**  Married  Single  Divorced  Domestic Partner

**Do you have children?**  Yes  No **If yes, number of children under the age of 18:** \_\_\_\_\_

**Birth Location:** City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Ethnic Origin:**  American Indian  Asian  Black or African American  White  Chicano  Hispanic  
 Mexican American  Puerto Rican  Other Race (List) \_\_\_\_\_

**Level of Education:** High School Graduate  Yes  No If no, list last grade level completed \_\_\_\_\_

GED  Yes  No College  Yes  No If yes, did you graduate college  Yes  No If yes, list degree or any other training programs completed: \_\_\_\_\_



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### MILITARY

Have you ever served in the Armed Forces  Yes  No If Yes, list time enrolled: Date \_\_\_\_\_ to Date \_\_\_\_\_

If Yes, please list branch \_\_\_\_\_ I am currently receiving Veterans benefits  Yes  No

### RELIGIOUS BACKGROUND

The SHIELD Ministries Program is a Christian faith-based, re-entry educational program which helps men address all the barriers of a successful re-entry program. Acceptance is not based on religious preference. However, participants accepted in the SHIELD Ministries Program ARE REQUIRED to attend and actively participate in ALL assigned classes and special events.

What is your religious background \_\_\_\_\_

Which religion/denomination do you most identify which \_\_\_\_\_

Are you a current member of a church or religious organization  Yes  No

If yes, Church Name \_\_\_\_\_ Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

If incarcerated, do you participate in Chapel activities  Yes  No If yes, please describe:

### CRIMINAL BACKGROUND

**This section MUST be filled out. Failure to do so may result in rejection of application.**

I understand that by signing and submitting this application I authorize SHIELD Ministries and its authorized vendor to run public criminal background checks. These background checks may be run before, during, and after my exit to the program to establish program recidivism rates only and for no other purpose than to calculate composite rates.

Are you currently incarcerated  Yes  No If yes, name of Institution: \_\_\_\_\_

Are you currently enrolled in any of the following programs  MIT  JumpStart  FreshStart  N/A

If so, will you complete the program specified above before your release date  Yes  No  N/A

Have you already completed any of the following programs while in prison  MIT  JumpStart  FreshStart  N/A

Are you, or have you, applied to any other post-release programs for when you exit prison  Yes  No

If yes, please list the program(s): \_\_\_\_\_

Will you be released on probation/parole/community supervision  Yes  No  Not Yet Determined

Parole Date \_\_\_\_/\_\_\_\_/\_\_\_\_ If on probation/parole/community supervision, when will supervision end \_\_\_\_/\_\_\_\_/\_\_\_\_

Parole/Probation Officers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

What, if any, are your probation/parole/community supervision curfew times: \_\_\_\_\_



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Do you have any Pending Criminal Charges  Yes  No If yes, please list:

Attorney Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Bondsman: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you had any disciplinary actions while incarcerated  Yes  No If yes, how many \_\_\_\_\_

If applicable, list the disciplinary actions and date of each disciplinary action you have had while incarcerated:

List all achievements, classes and certificates awarded while in prison:

Have you ever been affiliated with a gang while in prison or out of prison  Yes  No

Are you or will you be required to register as a Sex Offender  Yes  No

Have you been court ordered to take sex offender treatment counseling  Yes  No  N/A

If yes, have you already enrolled in sex offender behavioral counseling  Yes  No  N/A

Are you or will you be on an ankle monitor  Yes  No

How many times have you been arrested in the United States: \_\_\_\_\_

List all previous convictions. Please include the state. For arrests in South Carolina, also include the county:

Have you been in a character dorm while incarcerated  Yes  No

Have you ever been expelled from a character dorm while incarcerated  Yes  No  N/A If yes, please list the reason(s) and number of times expelled:



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**SUBSTANCE ABUSE HISTORY**

Have you been dependent on substances or alcohol in the past:  Substances  Alcohol  Both

List all your past drug(s) of choice: \_\_\_\_\_

How often did you use your past drug(s) of choice: \_\_\_\_\_

Level of dependence on your previous drug of choice:  Low Dependence  Moderate Dependence  Addiction

Is there any history of substance abuse or current substance and/or alcohol dependence in your family  Yes  No

If yes, please explain \_\_\_\_\_

Have you participated in a substance abuse rehabilitation program  Yes  No

If yes, how many times have you been admitted to a substance abuse rehabilitation program \_\_\_\_\_

How many inpatient programs have you completed \_\_\_\_\_ How many outpatient programs have you completed \_\_\_\_\_

What was your longest stay in a substance abuse rehabilitation program \_\_\_\_\_

Have you ever relapsed into substance use behavior  Yes  No

If yes, what is the date of your most recent return to substance use: \_\_\_\_/\_\_\_\_/\_\_\_\_

What was the reason for return to use: \_\_\_\_\_

Are you currently dependent on any substances or alcohol  Yes  No

If yes, please explain \_\_\_\_\_

List your current drug(s) of choice: \_\_\_\_\_

How often do you use your current drug(s) of choice  Only a few times  1-3 times per month  1-5 times per week  
 Daily  N/A

What was the date of your last use: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you currently receiving treatment  Yes  No

If yes, please list the following below: Type of Treatment, Treatment Facility, Location, Contact, and Duration of Treatment

\_\_\_\_\_

Are you currently taking any prescribed medications for substance dependence  Yes  No

If yes, please list the type and dosage \_\_\_\_\_ What has been your longest clean time \_\_\_\_\_

Has your substance dependence been linked to any criminal history  Yes  No

If yes, please specify \_\_\_\_\_

Could you pass a drug test right now  Yes  No

If accepted, would you be able to pass a drug test on the day you enter the program  Yes  No



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**MEDICAL INFORMATION RELEASE AND CONSENT FORM**

(Please Print)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you able to climb stairs  Yes  No

Please be advised that SHIELD Ministries does NOT provide ANY medical services, including administering medications, and does not provide transportation to doctors nor guarantees transportation for mental health appointments. Participants are required to be able to understand and take their own medicines as prescribed, without assistance.

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I have the following allergies: \_\_\_\_\_

I have no allergies.

I have the following current or past health issues which may leave me unconscious: \_\_\_\_\_

I have no current or past health issues, such as seizure or diabetic conditions, which may leave me unconscious.

I have the following medical/physical conditions: \_\_\_\_\_

I have no medical/physical condition.

**Have you ever been diagnosed with or prescribed medication for any of the following? Check all that apply.**

- Schizophrenia       Manic Depression       Paranoia       PTSD
- Bi-Polar       Hallucinations       Anxiety       Depression
- Anti-Social Behavior       Substance Use Disorder       Trauma       Borderline Personality Disorder

Other(s), please list: \_\_\_\_\_

I have not been diagnosed with or prescribed medication for any mental health disorder.

**Current Medications**

Please note that upon admittance, applicants must have a 30-day supply of any medication that has been prescribed for mental health issues.

I am currently taking the following medication(s) for a medical or mental health condition: \_\_\_\_\_

I have no medications that I am currently taking for a medical or mental health condition.

**Previously Prescribed Medications**

If required, you may be asked to provide a doctor's release if you are no longer taking mental health prescriptions or have a mental health evaluation scheduled.

I have taken the following prescribed medication(s) in the past for a medical or mental health condition: \_\_\_\_\_

I have not previously been prescribed any medication(s) for a medical or mental health condition.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Applicant Signature) (Date)



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**APPLICANT ID (Please check all that apply)**

- I have a valid driver's license in my possession. If Yes, State \_\_\_\_\_ DLN # \_\_\_\_\_
- I have a valid State ID in my possession. If Yes, State \_\_\_\_\_ ID # \_\_\_\_\_
- I have a valid moped license. If Yes, State \_\_\_\_\_ ID# \_\_\_\_\_
- I have in my possession my social security card.
- I have in my possession a certified copy of my birth certificate.
- I have applied for food stamps  I am currently receiving food stamps

**EMERGENCY CONTACT INFORMATION (In the event of an emergency, participants are required to call 911 for assistance)**

**Emergency Contact #1:**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Additional Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Additional Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact #3:**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Additional Phone \_\_\_\_\_ Email \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

Current Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you applied for disability  Yes  No If yes, when did you apply \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you received disability income in the past  Yes  No If yes, how long ago did you receive it \_\_\_\_\_

If disability was discontinued, please state why: \_\_\_\_\_

Do you receive disability income  Yes  No If yes, how much do you receive each month \$ \_\_\_\_\_

Do you receive retirement income  Yes  No If yes, how much do you receive each month \$ \_\_\_\_\_

You will be required to provide paystubs each week. SHIELD Ministries reserves the right to contact and verify your employment, pay, work schedule, and attendance.

If unemployed, how do you anticipate paying for the \$175 per week in Program Fees \_\_\_\_\_

Anticipated release date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 (Applicant Signature) \_\_\_\_\_  
(Date)



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### PROGRAM TERMS

Upon signature of this agreement and upon admittance to the program, this document binds both parties contractually to all the stipulations included in the entire agreement. Written notification must be received if applicant does not intend to be admitted to the program.

By signing this agreement, I agree to the terms and conditions set forth in this contract. FAILURE TO COMPLY WITH ALL THE RULES, REGULATIONS, AND GUIDELINES or FAILURE TO ATTEND designated classes may result in EXPULSION from the program; and where noted, fines and fees for damages will be assessed and charged.

I understand that this agreement is **NOT a tenant and landlord agreement**. The SHIELD Ministries Program is a comprehensive, evidence-based educational program that addresses all barriers for a successful re-entry. Participants are required to actively engage in life-changing classes, seminars, special events, and mentorship programs.

### PROGRAM FEE PAYMENT SCHEDULE AND REQUIREMENTS

**As of July 1, 2023, Program Fees of \$175.00 per week will be charged for program costs.** The daily cost is \$25.00. This fee includes but not limited to, the program administration costs and expenses of program: such as housing, food pantry, sheets, blanket, pillow, towel, washcloth, and a hygiene package; books and class materials; and a 10-ride bus pass.

Weekly payments that are paid on Friday will cover the following week (Saturday through the upcoming Friday). Men who enter the program prior to Friday will pay a prorated daily rate of \$25.00. Failure to show up or pay per agreement may result in expulsion from the program. Failure to meet with a designated SHIELD Staff member to create and adhere to an adequate payment plan will result in expulsion from the program.

Monthly discounted program fees for participants who receive disability or social security are based on a sliding scale beginning with a \$550.00 minimum (must provide proof of disability/social security/retirement and bank statement). A monthly discount for payment of \$700.00 paid in **advance** on the 1<sup>st</sup> of the month is also offered.

*(Jeremiah 22:13 Woe to him who builds his house by unrighteousness and his [upper] chambers by injustice, who uses his neighbor's service without wages and does not give him his pay [for his work])*

*(Proverbs 18:9 He who is loose and slack in his work is brother to him who is a destroyer and he who does not use his endeavors to heal himself is brother to him who commits suicide.)*

**Invoice statements for program fee payments are emailed to participants on a weekly basis. Participants must provide an email address for invoices to be emailed.**

- Debit card or pay card, provided by participants employer or bank, is the required method of payment. Participants will be provided with banking information so they can open a bank account and receive a bank debit card, regardless of prior history.
- Each cash payment will be subject to a \$5.00 handling fee.

**All payments are to be made using a debit or pay card.** Temporary employment agencies use debit cards to pay workers. Invoices are emailed and payments are processed through QuickBooks and these debit cards should be used to pay program fees. Weekly payments are due by 6pm every Friday for the following week (Saturday through Friday). Monthly payments are due in advance on the 1<sup>st</sup> day of each month with a 2-day grace period of payment no later than the 3<sup>rd</sup> of the month.

**If payment is not made on the Friday it is due, a late fee of \$25.00 will be charged. If the total due is not paid within 14 days of the due date, then participants are immediately expelled from the program.** SHIELD Ministries, at its discretion, retains the right to grant extensions to pay outstanding fees and/or waive any late fees.

Please note Program Fees are typically evaluated annually, however SHIELD Ministries reserves the right to increase fees at any time with two weeks' notice. All fees must be paid in full prior to a participant taking off-site visits and exiting the program. The participant must give a minimum of a 14-day notice when intending to exit the program.

### Financial Planning and Accountability

Participants may be required to complete a budget plan along with providing a paystub and bank statement each payday, prior to spending any money. Participants may also be required to complete a financial plan with a designated SHIELD Ministries Representative.

### Participant Identification

One of the first and most important needs of the incoming participant is proper identification. Active State issued IDs are required to obtain employment and apply for food stamps (SNAP), free cell phone service, medical service assistance and other agency resources. Prison IDs are not considered a State ID. If an applicant does not have any identification, he should make arrangements to secure an official copy of his birth certificate with the seal prior to his release from prison or prior to entrance.





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*(Titus 3:1-2, Remind people to be submissive to [their] magistrates and authorities, to be obedient, to be prepared and willing to do any upright and honorable work, 2 To slander or abuse or speak evil of no one, to avoid being contentious, to be forbearing (yielding, gentle, and conciliatory), and to show unqualified courtesy toward everybody. Romans 13:2, Therefore he who resists and sets himself up against the authorities resists what God has appointed and arranged [in divine order]. And those who resist will bring down judgment upon themselves [receiving the penalty due them].)*

**It is the participant's responsibility to know, understand and abide by all rules. Each applicant verbally verifies that he has read and understands all the rules and program requirements. He is given an opportunity to ask questions during the interview, prior to being accepted. This verbal confirmation is noted in the interview notes.**

#### **RULES ON EXITS/EXPULSION and PERSONAL BELONGINGS** *(Initial to indicate that you have read and understand)*

\_\_\_\_\_ **Upon a participant's exit, he must take all belongings with him.** If a participant is expelled from the program, the participant must **leave immediately** and has 48 hours to retrieve all his belongings. He must schedule an approved pickup time with a SHIELD Ministries Staff Member. A representative of SHIELD Ministries must be present during retrieval of personal items. Call (843) 860-6462 to arrange pickup. If permission has **not been granted** for a participant to be on the property, then he will be charged with trespassing. SHIELD Ministries is not responsible for any belongings of its participants at any time. Once a participant has been expelled from the program, he is not allowed on the property without prior permission and without being escorted by a SHIELD Ministries Staff Member. All items not retrieved within 48 hours will be donated to Goodwill. All personal documents will be shredded.

#### **HOUSE RULES** *(Initial beside each to indicate that you have read and understand)*

\_\_\_\_\_1. Disruptive behavior (fights, cursing, verbal threats, naming calling, negative talk, texting, emailing, etc.) will not be tolerated and may result in immediate expulsion. All such behavior is to be reported immediately to a SHIELD Staff Member.

*(Colossians 3:8, But now put away and rid yourselves [completely] of all these things: anger, rage, bad feeling toward others, curses and slander, and foulmouthed abuse and shameful utterances from your lips) drought)*

\_\_\_\_\_2. **No Weapons** (knives, guns, boxcutters, arrows, darts, or any item that can be perceived as a weapon, including collector's items) are allowed on the premises. Violations will be reported to local police authorities, and if applicable Probation Pardon and Parole Agents. Kitchen knives are to remain in the kitchen area. Any weapons found in any other room or on a person will be perceived as an intended weapon.

\_\_\_\_\_3. All participants **must be onsite by 8:00pm and inside the facility by 10:00pm.** SHIELD Ministries reserves the right to require participants to have an earlier curfew. All units will be locked after 10:00pm. If any participant unlocks and allows another participant in without prior approval from a SHIELD Ministries Staff Member, they may face immediate expulsion. A written request must be made within 24-48 hours and approved by a SHIELD Ministries representative for any expected tardiness for entrance into a unit past curfew time, due to work. A copy or verification of their work schedule from the participants employer must be attached. For those instances where employers do not give adequate notice time, the participant must call a SHIELD Staff Member **PRIOR** to entering their unit and leave a message or text if the call is unanswered.

There are occasions where men who have been diagnosed with night terror issues or extreme anxiety disorders can exit the housing unit, as advised by the participants physician. In these cases, the participant must provide written documentation from a medical professional to allow the participant to exit the unit during the night. This allowance is only for participants to be outside on the unit porch.

\_\_\_\_\_4. Guests and visitors must notify a SHIELD Ministries Staff Member of their visit by calling (843) 860-6462 to schedule a visit. Visitors are welcome from **9am to 6pm.** Guests are not allowed in the units and must always be accompanied by a participant or SHIELD representative. All guests must visit outside the front of the office. Guests must be dressed modestly. Any former participants or persons who are on the property without SHIELD Ministries Staff or management consent are considered trespassing. Current participants who recognize former participants are required to notify the trespasser of this rule and advise them that they are being monitored by security cameras. If an unknown person or former participant is seen on property, please notify a SHIELD Staff Member immediately. Family members must obtain prior approval for visits and schedule these visits with a SHIELD Ministries representative. This excludes law enforcement or medical emergency personnel who are serving in the line of duty. Participants and guests must behave in a manner that will not disturb or disrespect other participants.

No sexual content of any nature (inappropriate kissing, hugging, or touching) is allowed on-site. SHIELD Ministries is not responsible for participant's or guest's personal property.

*(I Corinthians 6:18 Shun immorality and all sexual looseness [flee from impurity in thought, word, or deed]. Any other sin which a man commits is one outside the body, but he who commits sexual immorality sins against his own body).*



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\_\_\_\_5. SHIELD Ministries participants are to refrain from having any contact (conversations or assistance) with neighbors. If a neighbor approaches, then direct the neighbor to the SHIELD Staff Member, Case Manager, or the Executive Director/Pastor. Please see a SHIELD Staff Member for approval for neighbors who are former participants.

\_\_\_\_6. **Participants are responsible for any damage done to themselves, their visitors, or their guests.** Urgent repairs should be reported to a SHIELD Staff Member immediately. Failure to report issues may result in participants being fined the cost of repairs or damage. Participants who deliberately or negligently destroy, deface, alter, impair, or remove any part of the property or allow another individual to do so, will be charged for negligence or damages.

\_\_\_\_7. SHIELD Ministries has the right to search all property including vehicles, cell phones, computers, laptops, iPads, and other electronic devices of participants and their guests. **Participants may be required to give SHIELD Ministries Staff any device passwords for access. Participants should NEVER give another participant his password information.** Participants may ONLY have laptops, computers, or iPads **if approved.** There is a limit to the number of devices a participant can have. Any unauthorized device may be seized.

Participants must notify SHIELD Ministries of any changes in electronic devices. Any cell phones, electronic devices, or internet accessible devices not registered will be confiscated. All new cell phones or electronic devices MUST be registered. If non-registered devices are found on the property, they will be seized. All gaming devices with internet access capabilities are prohibited. All other gaming devices, consoles, and games must be approved by SHIELD Staff. Cell phone gaming apps which promote or include violence, gambling, or are sexual in nature or portray inappropriately dressed characters real or cartoon in nature are prohibited.

\_\_\_\_8. No pornography and viewing of any form of pornography is allowed. Men who are on probation and who are registered sex offenders will violate their probation and return to jail for accessing pornography. Possession of pornography or accessing via any electronic devices will result in the devices being seized and reported to Probation, Pardon, and Parole Services immediately if applicable. **SHIELD Ministries reserves the right to confiscate any device at any time.**

\_\_\_\_9. Devices which have been used to access pornography or inappropriate material (as outlined by probation rules) may also be seized. Excessive internet or cell phone use is prohibited. Excessive use is defined as that which interferes with meeting SHIELD Ministries program requirements and meeting assignment deadlines. This also includes an excessive number of searches that require excessive review times. Participants who are not meeting program requirements or do not complete their assignments by the given deadline or those who are noncompliant with responsibilities and rules will have internet/apps usage assessed. SHIELD Ministries reserves the right to block or restrict internet access to specific sites on any device.

\_\_\_\_10. Viewing of any movie is limited to a PG13 rating and under. DVDs or videos found that are over the PG13 rating or not rated and are deemed inappropriate will be seized and destroyed. **Please note the only exception is Mel Gibson's: The Passion.** Any videos deemed as inappropriate viewing material will be confiscated. Continued violations of this policy could result in television privileges being revoked for the unit.

Probation along with SHIELD Ministries prohibits any books and magazines containing sexual content or that have revealing photos of people with low cut shirts, bathing suits, or minimally clothed men, women, or children. Any material found to be inappropriate or material that could be used inappropriately will be seized and destroyed.

#### **PORNOGRAPHY/INAPPROPRIATE MATERIAL VIOLATIONS**

Attempting to access or view pornography will result in enrolling (if not already enrolled in) Dr. William Burke's specialized counseling group at the participant's expense.

*(Matthew 6:21- 24 For where your treasure is, there will your heart be also. The eye is the lamp of the body. So, if your eye is sound, your entire body will be full of light. But if your eye is unsound, your whole body will be full of darkness. If then the very light in you [your conscience] is darkened, how dense is that darkness! No one can serve two masters; for either he will hate the one and love the other, or he will stand by and be devoted to the one and despise and be against the other. You cannot serve God and mammon (deceitful riches, money, possessions, or whatever is trusted in).*

\_\_\_\_11. No commercial activity of any kind is permitted on premises without the express written consent of SHIELD Ministries.

\_\_\_\_12. No illegal activity (as defined by local, state, and federal law) is permitted on premises. SHIELD Ministries, North Charleston Police Department, and/or Probation, Pardon, and Parole Services perform random, periodic room inspections without any notice. These searches include all personal property, vehicles, bags, backpacks, suitcases, etc.

*(Ephesians 5:13 But when anything is exposed and reprovved by the light, it is made visible and clear; and where everything is visible and clear there is light.)*



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\_\_\_\_\_13. This is a multi-participant facility. Upon entrance, men will be assigned a housing unit that will be shared with other participants in the program. Upon completion of the probationary period rules, a participant may be assigned another unit when there is availability. Most rooms will have 2 occupants.

\_\_\_\_\_14. There is **NO** borrowing of other participants' phones, money, or food. If a participant desires to assist another participant, then he can do so by donating to SHIELD Ministries and earmarking the donation for the individual. This donation is tax deductible.

\_\_\_\_\_15. **REFUND POLICY:** All program fees are non-refundable.

\_\_\_\_\_16. TVs are allowed in approved rooms only.

\_\_\_\_\_17. **There is NO smoking or vaping inside ANY units.** Smoking is **ONLY** allowed in the outside designated areas. **Any participant caught smoking or vaping in their unit will be fined \$500.00 or be expelled from the program. DO NOT** throw your cigarette butts on the ground. It is the responsibility of all smokers to ensure the property is free and clear of cigarette butts. Failure to keep the property clean will result in the termination of smoking privileges on the property. Anyone caught throwing cigarette butts on the ground will be fined \$25.00. Habitual offenders will lose smoking privileges. **Smoking and Vaping may be prohibited from all SHIELD Ministries' Properties at any time if noncompliance becomes an issue.**

\_\_\_\_\_18. Any person who tampers with smoke alarms; fire sprinkler systems; tampers with electrical or plumbing or any construction; or installs unsafe lighting or other unsafe devices; disregards the no surface frying rule; uses extension cords that are not a surge protector type; or whose actions cause a potential safety risk will be fined no less than the cost of the item; and the participant may be potentially expelled and/or may face criminal charges. Please note that all window AC units **MUST** be plugged into the wall outlets only.

\_\_\_\_\_19. Participants are **NOT** allowed to bring any items onto the property without prior approval from SHIELD Staff. This includes but is not limited to furniture or appliances. Items brought from recycling centers are prohibited (may contain bed bugs or bed bug eggs). A periodic evaluation of non-approved or accumulated clutter will be made and excessive items may be thrown out.

\_\_\_\_\_20. Animals are not allowed inside the units and feeding of neighborhood animals is prohibited. Animals carry fleas, bed bugs and ticks. Pest Control Specialists have treated units for flea infestations. Anyone bringing animals into the units will be responsible to pay the pest control bill for that unit along with the \$25 rule infraction fine.

#### **PARTICIPANT RESPONSIBILITIES** (*Initial beside each to indicate that you have read and understand*)

\_\_\_\_\_1. Participant must notify SHIELD Ministries if he contracts any contagious disease. SHIELD Ministries reserves the right to require a participant to produce medical diagnosis for health-related issues/concerns.

\_\_\_\_\_2. When necessary, participants must follow current CDC guidelines for social distancing, hand washing, and wearing masks.

\_\_\_\_\_3. Participant is responsible for maintaining good personal hygiene. This includes bathing daily and wearing deodorant. Regular washing of clothes and bed linens is required.

\_\_\_\_\_4. Dispose of all rubbish, garbage, and other waste in a clean, proper, and safe manner. All trash is to be **contained in a closed trash bag**. Dispose of recycled material **ONLY** in the blue recycle bins. Styrofoam is not accepted in the blue recycle bins. Set trash cans and recycle bins at the curbside on trash pick-up days. Be sure to remove the trash cans from the curbside the day of trash pickup after the trash has been picked up. Misuse of recycle bins will result in a fine for participants who live in the unit.

\_\_\_\_\_5. Keep all plumbing fixtures as clean as possible. For clogs that require more than a plunger, notify a SHIELD Ministries Staff member at (843) 860-6462. Do not attempt to fix it yourself.

\_\_\_\_\_6. Noise should be kept at a reasonable level. Be considerate of your neighbors. Always use headphones or ear buds. **DO NOT HAVE PHONE CONVERSATIONS AFTER CURFEW.**

\_\_\_\_\_7. Do not use profanity or threaten any other participant. Verbal and physical threats will result in immediate expulsion or arrest.

\_\_\_\_\_8. All participants are to conserve utilities. Televisions should be off between 8am and 3pm on Monday-Friday. Turn off all lights when you leave the unit. **Neglect or misuse of utilities may result in fines for everyone in the unit.**

\_\_\_\_\_9. Permission must be given for a participant to spend the night off the premises. An **Off-Site Request** form should be filled out 5 days in advance unless an emergency situation can be confirmed. A participant must be in the program for 90 days and must not have had any disciplinary actions within the last 30 days. Participants must be current on program fees. If the participant is on probation for a sex offense, his probation officer **must confirm** the approval in writing to a SHIELD Ministries Staff Member prior to being anticipated offsite. If the participant is not on probation for a sex-offense, his probation officer must confirm approval by phone, text, or e-mail to a SHIELD Ministries Staff Member. All participants on probation, leaving the State of South Carolina, must receive and submit the SC PPP written travel pass to be approved. **Ministry volunteers do not count as SHIELD Ministries Staff**



## SHIELD Ministries Re-Entry Educational Program Application and Agreement

### Educating Men for a Hope-filled Future

\_\_\_\_ 10. Participants will dress appropriately and modestly. Participants should **not** go without wearing a shirt and pants or shorts. Participants should not wear pajama pants to classes or while outside of their unit. Pants are to be pulled up to the waistline. No underwear should be exposed.

\_\_\_\_ 11. Everyone must keep their area and the common area neat and clean. **Personal cleanliness is a must.** All rooms must be neat and orderly with clothes either folded and put away in drawers or hung up in lockers/closets. Beds should be made. No clutter is allowed on the floors. Clear passageways to all exits must be maintained. Laundry, including bed linens, must be washed no less than every two weeks. Room inspections will be completed weekly, and a **\$25.00** fine will be assessed. **If a common area is not kept clean and clutter free, then ALL participants in the unit will be charged.** Examples are, but are not limited to, bathrooms; dirty dishes; floors un-swept and mopped; rotten food in refrigerators; clutter; items blocking doors and windows.

\_\_\_\_ 12. Unit members need to work together as a team to establish a rotating daily cleaning schedule for sweeping, mopping, vacuuming, dusting, cleaning refrigerator, bathrooms, and trash take out. The cleaning schedule should be posted on the kitchen refrigerator. Common areas must be maintained and kept clean by all the participants. Each person is responsible for cleaning cooking/eating/beverage items **immediately after use.** All personal food items should have your name clearly marked with a permanent marker and/or masking tape. **Failure to do this causes pest issues.** If rooms are not clean and dirty dishes are found in the sink, participants will be charged a **\$25.00** fine.

\_\_\_\_ 13. Participants are responsible for purchasing their own cleaning supplies, trash bags and paper supplies. Participants in each unit may work out a plan to share or alternate in the purchase of these supplies.

\_\_\_\_ 14. Trash should be taken out daily, put in trash bags, and closed. **DO NOT put any food or Styrofoam items in the blue recycle bins.** If any of the above is found, everyone in your unit may be charged a fine.

\_\_\_\_ 15. It is every participant's responsibility to ensure that clutter and items do not pose a potential safety risk. SHIELD Ministries is not responsible for participant belongings that are stolen or incur damage while on the property.

\_\_\_\_ 16. All participants must provide a copy of their vehicle (car, truck, moped, motorcycle, etc.) registration form and insurance. Owners/drivers must possess a valid driver's license. Parking in the front area is prohibited from 7am to 11am on Sunday mornings.

In the event of a participant violating probation, being arrested, or exiting the program without taking their vehicle, the vehicle will be towed within 48 hours of the exit.

**SHIELD Ministries reserves the right for discretionary enforcement of the below policies.**

**DRUG/ALCOHOL POLICY** (*Initial beside each to indicate that you have read and understand*)

\_\_\_\_ Men who use vaping devices may be drug tested more frequently at their expense.

\_\_\_\_ Anyone found to be under the influence of drugs or alcohol will be required to leave the premises immediately. Probation officers will be notified, and the participant may be arrested. The participant will be required to be sober before returning to speak with a SHIELD staff member.

\_\_\_\_ Use of **ALL** CBD products is strictly prohibited. This includes, but is not limited to gummies, pills, liquids, edibles, etc.

\_\_\_\_ Participant agrees to submit to random drug and alcohol tests upon request. Any illegal drug use on the premises will be reported to the North Charleston Police Department.

**RULES ENFORCEMENT** (*Initial beside each to indicate that you have read and understand*)

\_\_\_\_ The following may result in a **\$25.00** fine: a rule infraction, ignoring a responsibility outlined in the SHIELD Ministries Post-Release Application/Agreement, or disregarding any additional responsibilities given to a participant by a SHIELD Staff Member. A rule infraction fine must be paid on the following program fee payment day for weekly payers or immediately for monthly payers.

\_\_\_\_ Probation violations will be reported directly to Probation.

**RE-ADMITTANCE POLICY** (*Initial to indicate that you have read and understand*)

\_\_\_\_ If a participant is expelled from the program for any reason or is rearrested for any reason (including a probation violation), he must reapply for admittance and complete a new application and interview. If reaccepted, the participant will be treated as a new participant, adhering to all new participant requirements.



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### PROGRAM SCHEDULE *(Initial below to indicate that you have read and understand)*

***Failure to have absences approved for each meeting and class will result in the following:***

- **1<sup>st</sup> unexcused absence = VERBAL WARNING**
- **2<sup>nd</sup> unexcused absence = \$25.00 FINE**
- **3<sup>rd</sup> unexcused absence = EXPULSION FROM THE PROGRAM**

Attendance is taken for each meeting and class; this includes discussion of the participant's Case Plans with Case Management. Any meeting or class absence requires a text notification to the SHIELD Case Manager prior to class at (843) 697-0769. Meeting and class absences must be approved. It is expected that SHIELD Ministries' participants will be on time and prepared for all scheduled meetings and classes. If a participant is more than 10 minutes late for a meeting or class without a valid reason that has been approved, the participant will be marked absent.

\_\_\_\_\_ Initial to indicate you have read that attendance is mandatory for all meetings and classes; and that you understand the consequences of not attending a meeting or class.

***SHIELD Ministries has the right to change the schedule at any time and may add other programs or meetings as needed.***

Once again, class participation is mandatory. This includes attendance, being on time, class discussion, and completion of homework assignments. Upon arrival, participants should be seated and ready with paper and a pen/pencil to take notes. If a participant consistently shows lack of participation in required classes, he will be required to meet with a SHIELD Staff Member.

Participants are scheduled for various classes. Participants are not scheduled for all classes at the same time. It typically takes men 18 months to complete all the classes. Participants may be re-assigned classes as needed.

**NEW PARTICIPANT FIRST WEEK ASSIGNMENTS:** New participants MUST complete the assignments by the deadline date to remain in the program. In the unlikely event that a participant is released and arrives past the closing time of the Probation and Sheriff's Office, the participant must complete any required registrations the following day.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)



# SHIELD Ministries Re-Entry Educational Program Application and Agreement

## Educating Men for a Hope-filled Future

### PARTICIPANT AGREEMENT

By signing this agreement, applicants agree to abide by the rules and directives of the SHIELD Ministries. If accepted into the program, the applicant understands that acceptance of admission is based on the following:

1. My participation in the programs as assigned is mandatory. I agree to attend and participate in all classes as assigned and any meetings as required.
2. I sincerely desire and pledge to make a successful transition into a new life. I believe that continued contact with and participation in a supportive community would be desirable and helpful to me. I am seeking spiritual, practical, and emotional support to prepare for a successful transition back into the community. I agree to participate in the mentorship program and commit to an accountability partner(s) as assigned.
3. I agree to cooperate fully with and to be held accountable by my SHIELD Ministries Mentor, the SHIELD Ministries Staff, and others in this ministry.
4. I understand that evaluations of my participation and progress are made on a regular basis and will be used to aid in my reintegration and/or transition back into society. In consideration of my needs and SHIELD Ministries willingness to accept me into the ministry, I make the following commitments:
  - I commit to be honest and truthful in all communications.
  - I commit to change my life and avoid future detrimental attitudes and behavior, associates, and situations.
  - I commit to surround myself with those in this ministry who consistently maintain a positive attitude.
  - I commit to participate fully in classroom activities and outside assignments by completing all assignments and actively participating.
  - I commit to help develop and work on a personal transition plan; and to develop the discipline necessary to follow my transition plan faithfully.
  - Upon requirement, I commit to attend 90 meetings in 90 days with an approved recovery program.
  - I commit to attending weekly SHIELD Ministries sessions and activities, as well as impromptu meetings when called.
  - I commit to participate, along with other members of SHIELD Ministries, in community service projects.
  - I commit to be a faithful steward of the time, talent and treasure given to me by God.
  - I commit to maintaining a positive mindset and attitude and will not engage in gossiping, backbiting, or complaining.
  - I commit to submitting issues and concerns in writing. Upon submission I agree to meet with a SHIELD Staff Member and/or Pastor(s) to resolve.

I, \_\_\_\_\_ (Print Name) agree to abide by the commitments outlined above.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)



SHIELD Ministries Re-Entry Educational Program Application and Agreement  
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**PUBLICITY RELEASE**

Participants work hard in this program and make great achievements. We would like to celebrate with you and share in your achievements. This release is for graduation announcements, awards, achievements, and positive life stories only.

I, \_\_\_\_\_, (*Print Full Name*) hereby

give SHIELD Ministries

do not give SHIELD Ministries

the absolute and irrevocable rights to use my name, likeness, quotes and/or photos and images on the Internet (World Wide Web), in print publications, videos and multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, marketing, or designs (graduation photos, award photos, testimony photos, etc.)

I understand that my name and/or the images may be used for display or advertisement for the website and/or literature published. I hereby waive the right to inspect or approve the images prior to any form of usage. I understand that the images may be modified to be used as design elements.

By signing this agreement, or by signing this agreement on behalf of a minor in the state of South Carolina, I am giving **SHIELD Ministries** the right to use my name and own the images and use them for any purposes without further approval from me. I am releasing all rights to any images.

This agreement is a permanent licensing agreement that allows SHIELD Ministries to use any images, quotes and/or my name for any publishing purposes in the promotion of SHIELD Ministries. I will not hold SHIELD Ministries responsible for any use or misuse of my name, quotes and/or the images. I agree to hold harmless SHIELD Ministries from any and all actions, claims, and demands arising out of or in connection with the use of all or any part of the photographs (including computer images or reproductions of any kind), including any editorial or comments which may accompany the images in their displayed format and/or my name. I will not hold SHIELD Ministries liable for any errors, negligence, or gross negligence, in the editing or displaying of said images, quotes and/or in the use of my name.

I certify, by signing this agreement, that I am of legal age, and I have read this agreement and fully understand and agree to abide by the contents herein.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Applicant Signature) (Date)

**MEDICAL TREATMENT CONSENT**

In the event of a medical emergency and my incapacitation, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics in case of a medical emergency and waive my right to consent of treatment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Printed Name) (Signature) (Date)

**RELEASE OF MEDICAL INFORMATION**

I hereby grant SHIELD Ministries staff member(s) authorization to access and discuss any past or current medical records or issues or treatment including mental health records, class, and counseling records, and/or discussion regarding my progress or concerns while enrolled in the program.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Printed Name) (Signature) (Date)



# SHIELD Ministries Re-Entry Educational Program Application and Agreement

## Educating Men for a Hope-filled Future

### HOLD HARMLESS

This HOLD HARMLESS AGREEMENT (this "Agreement") is made effective on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date) by and between SHIELD Ministries and its Affiliates (hereinafter, "SHIELD Ministries"), of 5519 Woodbine Avenue, North Charleston, South Carolina 29406 and \_\_\_\_\_ (Printed Name of Applicant) (hereinafter, "Applicant"), of SHIELD Ministries and are sometimes individually referred to as "Party" and collectively referred to as the "Parties."

WHEREAS Applicant desires to hold harmless SHIELD Ministries from any claims and/or litigation arising out of any SHIELD Ministries and SHIELD Ministries representative or volunteer's actions in connection with services including transportation, administrative, and Transitional Housing Units in the Sustain the Change Program provided by SHIELD Ministries or any injuries and/or accidents occurred on the property.

NOW THEREFORE, in consideration of the mutual covenants and conditions contained herein, SHIELD Ministries and participant hereby agree as follows:

### HOLD HARMLESS TERMS

- 1. Hold Harmless.** \_\_\_\_\_ (Printed Name of Applicant) shall fully defend, indemnify, and hold harmless SHIELD Ministries from any and all claims, lawsuits, demands, causes of action, liability, loss, damage and/or injury, of any kind whatsoever (including without limitation all claims for monetary loss, property damage, equitable relief, personal injury and/or wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any federal, state, or local governmental body or agency, arising out of, in any way whatsoever, any acts, omissions, negligence, or willful misconduct on the part of SHIELD Ministries, its officers, owners, personnel, employees, agents, contractors, invitees, or volunteers. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, attorneys' fees, and related costs or expenses, and any reimbursements to SHIELD Ministries for all legal fees, expenses, and costs incurred by it.
- 2. Authority to Enter Agreement.** Each party warrants that the individuals who have signed this agreement have the actual legal power, right, and authority to make this agreement and bind each respective party.
- 3. Amendment; Modification.** No supplement, modification, or amendment of this agreement shall be binding unless executed in writing and signed by both parties.
- 4. Waiver.** No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a party shall give the other party any contractual right by custom, estoppel, or otherwise.
- 5. Attorneys' Fees and Costs.** If any legal action or other proceeding is brought in connection with this agreement, the successful or prevailing party, if any, shall be entitled to recover reasonable attorneys' fees and other related costs, in addition to any other relief to which that party is entitled. In the event that it is the subject of dispute, the court or trier of fact who presides over such legal action or proceeding is empowered to determine which party, if any, is the prevailing party in accordance with this provision.
- 6. Entire Agreement.** This agreement contains the entire agreement between the parties related to the matters specified herein and supersedes any prior oral or written statements or agreements between the parties related to such matters.
- 7. Enforceability, Severability, and Reformation.** If any provision of this agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited. The intent of the parties is to provide as broad indemnification as possible under South Carolina law. In the event that any aspect of this agreement is deemed unenforceable, the court is empowered to modify this agreement to give the broadest possible interpretation permitted under South Carolina law.
- 8. Applicable Law.** This agreement shall be governed exclusively by the laws of South Carolina, without regard to conflict of law provisions.
- 9. Exclusive Venue and Jurisdiction.** Any lawsuit or legal proceeding arising out of or relating to this agreement in any way whatsoever shall be exclusively brought and litigated in the federal and state courts of South Carolina. Each party expressly consents and submits to this exclusive jurisdiction and exclusive venue. Each party expressly waives the right to challenge this jurisdiction and/or venue as improper or inconvenient. Each party consents to the dismissal of any lawsuit that they bring in any other jurisdiction or venue.
- 10. In Effect.** This agreement shall be in effect upon date of this agreement and is in force unilaterally by the applicant's signature.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date)