



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

Failure to complete this application/agreement in its entirety or neglect to disclose all criminal, substance abuse history, mental and physical health history, probation requirements may result in disqualification or expulsion if admitted.

Please print

FIRST NAME: _____ Middle: _____ LAST NAME: _____ SUFFIX _____

I, _____ (Print Name) hereby state I have read and understand and agree to abide by ALL rules, regulations, and all requirements that are written in this application/agreement.

_____ (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.

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 completed this form ☐ If applicant did not complete this form, does applicant understand all requirements.

_____ Printed Name of Person completing application (if not applicant)

_____ Relationship or Title (if completing for applicant else)

_____ Agency/Affiliation (if completing for someone else)

ABOUT THE PROGRAM

The Shield Ministries Post Release Program is a Christian Faith Based Life Skill, educational, Career and Spiritual Development program which is based on teaching principles that promote accountability and responsibility. The program components include mentorship, basic life skill classes, spiritual development and referrals to other agencies for basic needs assistance. This is an 18 month program where men are required to pay program fees to participate in the program and are provided a transitional housing type setting, food pantry, and case management support while participating in the program.

SHIELD Ministries Program Services

The SHIELD Ministries Program is designed to facilitate change through Christian Biblical Principles of healing of past hurts, habits, and hang-ups and how to think, feel, and choose in a healthy way to promote a successful transition for a thriving life. This program is a challenging program in which each participant is required to ACTIVELY participate! The following lists services which are provided.

CRISIS STABILIZATION

Program Housing

- Provide housing to men enrolled in the faith-based life skills educational program. Shield Ministries accepts men who are committed to change and may be ineligible to receive services from local shelters and transitional housing due to their past criminal records.
- Upon admittance men receive care package (sheets, pillow, blanket, towel, washcloth, hygiene packets, and are provided food from the food pantry.
- Men receive transportation assistance for their initial reporting requirements and to secure identification.

Individual Case Management

- Establish and monitor progress goals.

Mentorship Program

His Way Ministries provides a weekly onsite post-release mentorship meeting each Friday evening.

REGULATORY COMPLIANCE

Mitigate Community Safety Risks (Work closely with law enforcement and Dr. Burke)
SC Probation, Parole and Pardon Services



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

US Probation, Parole and Pardon Services
Charleston County Sheriff's Office
Specialized Onsite Professional Sex Offender Counseling (Provided by Dr. William Burke)
Assist Participants to successfully meet their Probation Requirements.
Provide Qustodio Filtering on Electronic Devices

LIFE SKILLS EDUCATION

- Cognitive Behavioral Skills: The Brain Challenge: teaching men to think, feel and choose in a healthy way- based on Dr. Carolyn Leaf, *21 Day Brain Detox™* Teaching Material
- Healing of Damaged Emotions© and Healing of Memories© Dr. David Seamands, Teaching Material
- Celebrate Recovery® Christ-Centered 12 Step Study for Addictions
- Brain on Porn Study 5 Proven Ways Pornography Warps Your Mind and 3 Biblical Ways to Renew It Covenant Eyes®
- Financial Management
- Untangling Relationships
- Onsite Professional Addiction Counseling (as mandated)

WORKFORCE DEVELOPMENT

- Work with local employers to promote second chance hiring.
- Participants are referred to temporary employment agencies and Second Chance Job Opportunities.
- Teach men how to overcome the obstacles of their past to achieve gainful employment.
- Teaching Men the Dignity of Meaningful Work: Becoming assets to employers *Thriving for Life*

SPIRITUAL DEVELOPMENT-

- Prayer and Worship that honors God, strengthens and encourages men
- Restoring Men's Dignity through experiencing love, forgiveness, and healing from God which aides in demolishing destructive thought and decision patterns
- Teaching accountability and responsibility
- Personal, individual discovery of plan, purpose and destiny (Teaching men to become assets to their community verses liabilities)

REFERRAL INFORMATION

How did you learn about this program _____ Name of Person who referred you _____

Referral phone _____ Referral's email _____

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

Have you applied to this program before? _____ Are you a former Participant? _____ If yes, why did you leave?

Date of Birth: ____/____/____ **Gender** ☐ Male ☐ Female

Social Security Number # ____ - ____ - ____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Domestic Partner

Number of children under the age of 18: _____

BIRTH LOCATION: City _____ STATE _____ COUNTY _____

ETHNIC ORIGIN: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Caucasian/White ☐ Chicano ☐ Mexican American
☐ Hispanic ☐ Puerto Rican ☐ Other Race (List) _____

Level of Education: High School Graduate ☐ Yes ☐ No If No, what year completed _____ GED ☐ Yes ☐ No

College ☐ Yes ☐ No If Yes, did you graduate ☐ Yes ☐ No List Degree _____

Other training programs completed: _____

MILITARY

Have you ever served in the Armed Forces? ☐ Yes ☐ No If Yes, what was the time period that you served

Month _____ Year _____ to Month _____ Year _____



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

☐ Yes ☐ No I am currently receiving Veterans benefits.

SUBSTANCE ABUSE HISTORY:

Have you been dependent on substances or alcohol in the past? Check all that apply.

Substances _____ Alcohol _____ Both _____

List your past drug(s) of choice _____

How often did you use your past drug(s) of choice per week? _____

What was your level of dependence on your previous drug of choice?

Low Dependence _____ Moderate Dependence _____ Addiction _____

Is there any history of 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 _____ If yes, then 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? _____

Reason for return to use _____

Are you currently dependent on any substances or on 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? Choose the best fitting option.

_____ Only a few times _____ 1-3 times per month _____ 1-5 times per week _____ About every day

What is 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 _____

Can 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 ☐ Yes ☐ No



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

MEDICAL INFORMATION RELEASE AND CONSENT FORM

First Name _____ Middle _____ Last Name _____

Do you walk with a cane or other assistance? ☐ Yes ☐ No 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 doctor's 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 _____ Please list all allergies: _____

Please list any current or past health issues such as seizure or diabetic conditions which may render you incapacitated List in detail ALL medical (mental and physical) conditions. Failure to do so may result in immediate expulsion from the program.

List all medication that you are currently taking. Please note that applicants must have a 30 day supply of any medication that has been prescribed for mental health issues upon admittance.

List all previously prescribed medication that you are no longer taking (You must provide a Doctor's release if you are no longer taking mental health prescriptions or have a mental health evaluation scheduled).

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 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 or discussion regarding my progress or concerns while enrolled in the program.

Printed Name Signature Date



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

EMPLOYMENT/INCOME INFORMATION

Current Employer _____ Supervisor Name _____ Phone _____

Job Title _____ Job Start Date _____

Do you receive disability income? ☐ Yes ☐ No If Yes, then how much do you receive each month? \$ _____

Do you receive retirement income? ☐ Yes ☐ No If Yes, then 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 you anticipate paying for the \$165 per week Program Fees? _____

Anticipated release date: _____

CRIMINAL BACKGROUND (This section MUST be completed or the application will be rejected.)

_____ I understand and 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 _____

Will you be released on probation/parole? ☐ Yes ☐ No ☐ Not Yet determined

If on probation/parole/supervised furlough, when will your supervision end?

Parole Date _____ Month _____ Day _____ Year

Max Out Date _____ Month _____ Day _____ Year

Parole/Probation Officers Name _____ Phone # _____

What, if any, are your probation curfew times? _____

Describe your arrest History with dates and charges. **DO NOT LEAVE BLANK** unless you have never been arrested. If this section is left blank then this application will not be processed.

☐ Pending Criminal Charges, if so list

Attorney Name _____ Phone _____

Bondsman _____ Phone _____

How many prison/jail disciplinary actions have you had in the last 3 years _____

List the disciplinary actions you have had while in prison/jail and dates of each:

List all achievements, classes and certificates awarded while in prison: *use back if necessary.*



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

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

Have you been court ordered to take sex offender behavioral counseling? ☐ Yes ☐ No If yes, have you already enrolled?

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

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 currently am receiving disability payments of _____ per month;
- ☐ I am currently in the process of applying for disability: List where you are in the process:
- ☐ 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 #s _____

Email _____

Emergency Contact #2

Name: _____ Relationship to You: _____

Phone # _____ Street Address _____ City _____

State _____ Zip Code _____ Additional phone #s _____

Email _____

Emergency Contact #3

Name: _____ Relationship to You: _____

Phone # _____ Street Address _____ City _____

State _____ Zip Code _____ Additional phone #s _____

Email _____



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

Religious Background

The SHIELD Ministries Program is a Christ-centered faith based and scientifically evidenced based program. Acceptance is not based on religious preference. However, Program Participants accepted in the Shield Ministries' Participant Program **ARE REQUIRED** to **attend and actively participate in ALL assigned classes and special events**, and are **REQUIRED** to comply with ALL the rules, regulations, and guidelines set forth in this application/agreement. Participation in Worship Services are optional.

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 in prison, did you participate in Chapel activities? ☐ Yes ☐ No If Yes, describe:

PROGRAM TERMS

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

By signing this application/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 IMMEDIATE expulsion** from the participation facility 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 life skills educational program designed to aid men who are in a life transition to become self-sufficient. This program is an educational program which **requires Participants to actively engage** in life changing classes, seminars, special events, and mentorship programs.

PROGRAM FEE PAYMENT SCHEDULE AND REQUIREMENTS

Program fees of \$165.00 per week are charged for program costs. This cost is \$23.57 per day. This fee which includes but not limited to the program administration costs and expenses of program: housing, food pantry, sheets, blankets, pillows, towel and washcloth and hygiene packet, books and class material, cell phone monitoring software, transportation during the first week of arrival.

Weekly payments are paid on Friday cover the **next** week (Saturday through the upcoming Friday.) Men who enter the program prior to Friday will pay a prorated **daily rate of \$23.57**. Failure to show up or pay per agreement may result in **expulsion from the program**. Failure to meet with the Workforce Developer and 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 \$525 minimum (must provide proof of disability/social security/retirement and bank statement). A monthly discount for payment of \$660.00 paid in **advance** on the 1st 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. Participants are strongly encouraged to pay online using their debit card or pay card that is provided by their employer.

All payments are to be made using a debit or bank card. Temporary employment agencies use this method to pay workers. Invoices are emailed and payments are processed through QuickBooks. Participants may pay in cash each Friday, if paying weekly during their first few weeks after admission which getting established in employment and obtaining a cell phone to setup an email for



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

payment invoices. Monthly payments are due in advance for the month on the 1st day with a 2 day grace period of payment no later than the 3rd of the month.

Any late payments MUST be approved prior to due date and will be charged a late fee of \$25.00 for each late payment. SHIELD Ministries staff at its discretion; retains the right to 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 a 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 fourteen days' notice when intending to exit the program and participate in an exit interview or will be charged and an additional fee of \$165 will be added. This action may include but not limited to court action, wage garnishments, or collection attempts made by a third-party debt collector.

Financial Planning and Accountability

Each participant is required to complete a budget plan and will be required to bring a paystub and bank statement each payday prior to spending any money to complete a financial plan with the 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 begin to make arrangements to secure an official copy of his birth certificate with the seal prior to his release from prison or prior to entrance.

EXIT OR EXPULSION and PERSONAL BELONGINGS

____ (Initial) 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 of his belongings with a pickup time scheduled and approved by the SHIELD Staff Member. A representative of Shield Ministries must **PRESENT** during retrieval of personal items. Call (843)860-6462 to arrange pickup. If permission has **not been granted** for 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.

(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].)

HOUSE RULES (Initial beside each to indicate that you understand and agree to comply.)

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

____ 1. No disruptive behavior (fights, cursing, verbal threats, naming calling, negative talk, texting, or emailing etc.) will not be tolerated and may result in immediate expulsion. All such behavior is to be reported immediately to 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 premises. Violation 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 8PM 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 the SHIELD Staff Member, then that participant may face immediate expulsion. (*There are occasions of men who have been diagnosed with night terror issues or extreme anxiety disorders and where the participant's physician has advised their patient to have the ability to exit the housing unit. In these cases, the participant must provide written documentation from a medical professional providing treatment of this to allow a participant to exit the building during the night. This allowance is only for participants to be outside on the unit porch.*)



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

A written request is made within 24-48 hours and must be approved by a SHIELD Ministries representative for any expected tardiness due to work for entrance to house past curfew times. A copy or verification from Employer for worker schedules must be attached. For those instances where employers do not give adequate notice time, participant must call SHIELD Staff Member PRIOR and leave a message or text if call is unanswered.

____ 4. Guests and visitors must notify a staff member of their visit by calling (843)860-6462 to schedule and are not allowed in the units. Visitors from **9am and 6pm**. Guests must be accompanied by a participant or Staff member at all times. All Guests must visit outside at the front of the Office. Guest must be dressed modestly. Any former participants or persons who are on the property without a Shield Ministries staff or representative and without Management consent are considered trespassing. Current Participants who recognize former participants are required to notify the trespasser of this rule and that they are being videoed on security camera. If an unknown person or former participant is seen on property, please notify SHIELD Staff 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 respective 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 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).

____ 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 Pastor or SHIELD Staff Member for approval for neighbors who are former participants.

____ 6. Participant **is responsible for any damage done by themselves, their visitors, or 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 to do so or the Participants 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**. Each participant who is approved to have these, **must register ALL electronic devices** via the **Electronic Device Registration** form and 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, then 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. All devices with internet capability are required to load Electronic Device **Accountability, Filtering Software from Qustodio** which blocks inappropriate sites and reports on all applications, websites and communications. This must be loaded as soon as a device is purchased. Any device where Qustodio cannot be loaded or where Qustodio or other monitoring software is not consistently monitoring activity may be seized. 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 and excessive number of searches which requires excessive review times. Participants who are not meeting program requirements or not completing their assignments by the given deadline or are noncompliant with responsibilities and rules will have internet/apps usage assessed and if usage indicates interference then the \$25.00 fine will be assessed each day that the participant is not in compliance. SHIELD Ministries reserves the right to block or restrict internet access to specific sites on any device.

____ 10. Viewing of any movies are limited to PG13 rating and under. DVDS or videos found that are over the PG13 rating or not rated and deemed inappropriate will be seized and destroyed. **Please note the only movie that is rated over PG13 that is allowed is Mel Gibson's The Passion. Any videos deemed I as inappropriate viewing material will be confiscated. Continued violations of this policy could result in television privileges being revoked for the unit.**



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

Probation along with Shield Ministries prohibits any books and Magazines with any sexual content or have revealing photos of people with low cut shirts, bathing suits, or minimal clothed men, women or children are **prohibited**. Any material found to be in appropriate or 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 [r]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 [s]against the other. You cannot serve God and mammon ([t]deceitful riches, money, possessions, or [u]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 performs 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 reprov'd by the light, it is made visible and clear; and where everything is visible and clear there is light.)

____ 13. This is a multi-Participant facility. Upon entrance men will be assigned a dormitory style room and may be charged a reduced program fee rate until the participant has meet all the probationary period goals, which will be set upon entrance of the program. Upon completion of the probationary period rules a participant may be assigned another unit when there is availability, and most rooms will have 2 occupants.

____ 14. There is **NO borrowing** of other participant's **phones, money, or food**. If a participant desires to assist another participant, then he can do so by donating to the Benevolence Fund at Shield Ministries and earmarking the donation for the individual. This donation is tax deductible.

____ 15. **REFUND POLICY:** All program fees are non-refundable.

____ 16. NO TVS are allowed in the bedrooms!

____ 17. Smoke **ONLY** in outside designated areas. There is **NO Smoking or Vaping** inside of ANY units. **DO NOT throw your cigarette butts on the ground**. It is the responsibility of all smokers to ensure 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 non-compliance 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 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 that 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. No spitting inside units on the floor or furniture or on the porches. This is unsanitary and spreads germs. It is disrespectful and will not be tolerated.

____ 21. Animals are not allowed inside 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 understand and agree to comply.)

- ____ Participant must notify Shield Ministries if he contracts any contagious diseases. Shield Ministries reserves the right to require a Participant to produce medical diagnosis for health-related issues/concerns.
- ____ Participant must follow current CDC guidelines for social distancing, hand washing, and wearing masks.
- ____ Participant is responsible for maintaining good personal hygiene. Bathing daily and wearing of deodorant any regular washing of clothes and bed linens are required.
- ____ Dispose of all rubbish, garbage, and other waste in a clean, proper, and safe manner. All trash is to be **contained in a trash bag** with the trash bag being tied at top. **Dispose of Recycle material ONLY** in the Blue Recycle cans (Styrofoam is not accepted in the blue recycle containers.) Set trash cans and Recycle Containers at curbside on trash pick-up days and take



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

the trash cans back to participant the **day of trash pickup** after pickup. Misuse of Recycle cans will result in a fine for Participants who live in the unit.

5. _____ Keep all plumbing fixtures as clean as possible. Clogs that require more than a plunger, notify a Shield Ministries Staff member at (843) 860-6462 and do not attempt to fix it.
6. _____ Noise should be kept at a reasonable level. Be considerate of your neighbors. **DO NOT HAVE PHONE CONVERSATIONS** after curfew. Use headphones or ear buds at all times.
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. All televisions should be off between 8am and 3pm Monday-Friday. Turn off all lights when you leave your unit. **Neglect or Misuse of Utilities may result in fines to 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 (five) days in advance unless an emergency situation can be confirmed. A participant must be in the program for 90 days, is current on his program fees, and has not had any disciplinary actions within the last 30 days. Participant must be current on program fees. If participant is on probation for a sex offense, his probation officer **must confirm** approval in writing to a SHIELD Ministries staff member prior to the anticipated offsite. If participant is not on probation for a sex-offense, his probation officer must confirm approval by phone, text or e-mail to a SHIELD 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 staff.
10. _____ Participant 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 saggy. No underwear 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 and beds 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. Payment of fines will be made on the next Program Fees collection day. **If a common area is not kept clean and clutter free then ALL participants in the unit will be charged. Examples but not limited to bathrooms, dirty dishes; floors unswept and mopped, rotten food in refrigerators; clutter; items blocking doors and windows.**
12. _____ A rotating daily cleaning schedule for sweeping, moping, vacuuming, dusting, cleaning refrigerator, bathrooms, trash take out, will be created by participants in the unit and posted on kitchen refrigerator. Common areas must be maintained and kept clean by all the participants. Each person is responsible to clean cooking/eating/beverage items **immediately after use.** All personal food items should be marked with name with a permanent marker and/or masking tape. **Failure to do this causes pest issues and if rooms are not clean and dirty dishes are found in the sink participants will be charged a \$25.00 fee.**
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 or contribute.
14. _____ Trash should be taken out daily and Trash is to be 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 then everyone in your unit may be charged a fee.
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's belongings that are stolen or incur damage while on the property.
16. _____ All participants must provide a copy of their vehicle's (i.e. vehicles, mopeds, motorcycles) registration form and insurance, and 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 being violated for Probation; arrested; or exits the Program without taking their vehicle, the vehicle will be towed within 48 hours of the exit.

DRUG/ALCOHOL POLICY (Initial beside each to indicate that you have read and understand) Shield Ministries does reserves the right for discretionary enforcement of the below policy.

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

_____ Anyone found to be under the influence will be required to leave immediately. Probation officers will be notified, and participant may be arrested.

_____ 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:

_____ Each and every broken rule and each and every time a rule is broken, or a responsibility which is outlined in the Application/Agreement or any additional responsibilities given to a participant by SHIELD staff is not carried out, may result in an



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

automatic \$25.00 Rule Infraction fine which must be paid on the following program fee payment day for weekly payers or immediately for monthly payers.

_____ Probation violations will be reported to Probation.

RE-ADMITTANCE POLICY (Initial beside each 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.

COVID-19 Policies

It is required that each new admit obtain COVID-19 vaccinations and present a COVID-19 vaccination card to the Case Manager. In the event of a COVID-19 mandated lockdown, SHIELD Ministries will abide by the CDC guidelines. These guidelines include the following:

- Avoid close contact with others.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick and immediately notify a SHIELD Staff Member.
- Cover your cough or sneeze with a tissue, then throw the tissue a trash can with a liner.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Participants who either have symptoms or have been notified of exposure to COVID-19 must contact a SHIELD Ministries representative at (843)860-6462 immediately and isolate himself from others.
- Participants who have been exposed or have tested positive for COVID-19 will be isolated in a specified unit or area by SHIELD Staff. In the event of the need for isolation, the Participant will be provided food and essential items during quarantine.

PARTICIPANT AGREEMENT

By signing this agreement, applicants agree to abide by the rules and directives of the Ministry if accepted into the program and understands that acceptance of admission is based on the following:

1. My participation in the programs as assigned is mandatory. I commit to attending and participating in regular worship services; all classes as assigned, and any meetings as required.
2. I sincerely desire and am committed 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 successful transition back into the community and agree to participate in the mentorship program and commit to an accountability partner(s) as assigned.
3. I commit to becoming an active participant in a small faith sharing group. I commit 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. 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 participating in.
 - I commit to help develop and commit to working 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 of AA or NA.
 - I commit to attend weekly **SHIELD Ministries** sessions and activities and 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 maintain a positive mindset and attitude and will not engage in gossiping, backbiting, nor complaining.



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

- I commit to submitting issues and concerns in writing. Upon submission I agree to meet with the SHIELD Staff Member or Pastor(s) to resolve.

PROGRAM SCHEDULE

Shield Ministries has the right to change the Schedule at any time and may add other programs or meetings as needed.

Attendance is taken at each meeting. Any class absence requires notification of SHIELD Staff Member prior to class start via call, voice mail message at **(843) 860-6462**. Class absences must be approved. It is expected that SHIELD participants will be on time and prepared for class. If a participant is more than 10 minutes late for class without an approved valid reason, the participant will be marked absent. Failure to have absences approved will result in the following: 1st absence is a verbal warning, 2nd absence \$25.00 fine; and the 3rd results in expulsion from the program.

Class participation is mandatory which includes attendance and being on time, class discussion and completion of homework assignments. Participants upon arrival should be ready, seated with paper, pen/pencils to take notes prior to the class beginning. If a participant consistently shows lack of participation in required classes, he will be required to meet with 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.

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, Inc.**

☐ **do not give Shield Ministries, Inc.**

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, video and multimedia presentations, and/or for any purpose which may include, but not limited to display, public relations, marketing, or designs. i.e. 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 web site 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, Inc.** 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, Inc.** to use any images, quotes and/or my name for any publishing purposes in the promotion of Shield Ministries, Inc. I will not hold /or **Shield Ministries, Inc.** responsible for any use or misuse of my name, quotes and/or the images. I agree to hold harmless, /or **Shield Ministries, Inc.** 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 comment which may accompany the images in their displayed format and/or my name. I will not hold **Shield Ministries, Inc.** 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 on page 1, that I am of legal age, 18 years of age or older I have read this agreement and fully understand and agree to abide by the contents herein.

HOLD HARMLESS



SHIELD Ministries Post-Release Application/Agreement

Transitioning Men Through the Devastation of Their Past to a Thriving Future

This HOLD HARMLESS AGREEMENT (this "Agreement") is made effective on _____ (Date) by and between the 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 representatives 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 an 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 application and is in force unilaterally by the applicant's signature.

By: _____ Applicant Signature Date Signed: _____