



REENTRY CENTER SPONSOR APPLICATION

 Incarcerated individual DOC number Facility Date

SPONSOR INFORMATION

 Name (First Middle Last) Alias/Maiden name Telephone

 Address City State Zip code

 Social security number Birthdate Occupation

 Driver's license number Expiration date Auto insurance company Policy expiration

 Vehicle make and model Vehicle year License plate number and state

 Emergency contact Relationship Telephone

What is your relationship with the incarcerated individual and how many years have you known them?

Have you ever been convicted of a misdemeanor or felony, or are you currently under any type of supervision for a criminal offense? Yes No
 If yes, date and offense of the most recent conviction: _____

Are you a Department of Corrections employee, contract staff, or volunteer? Yes No

Do you keep firearms in your residence, vehicle, or on your person? Yes No

Has there ever been a no contact/protection/anti-harassment order between you or anyone living in your household and the individual? Yes No

HOUSEHOLD MEMBERS (use an additional sheet if needed)		
Full name	Age	Relationship to you

A case manager will contact you for a phone interview once the request for sponsorship is confirmed with the incarcerated individual. The interview will include, but will not be limited to, questions regarding your home, persons living in your home, firearms, and your criminal history.

Please list your availability and best phone number between the hours of 8:30 a.m. and 5:00 p.m.
 Telephone: _____ Available time(s): _____

The information provided on this application is true and accurate to the best of my knowledge. I understand it is my responsibility to immediately inform the Work/Training Release if any of the above information changes, and that depending on the type of change, it may affect my sponsorship privileges.

 Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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