WORTHY WOMEN TRANSFORMATION

MAIL/GIFTS:
WWT - PO Box 116,
La Porte, IN 46352

INTAKE AGREEMENT & APPLICATION

Worthy Women Transformation (WWT) is a non-profit, Christ-centered 12-Month residential ministry for women desiring freedom from addiction through biblical discipleship.

Dear Reader or potential resident,

Worthy Women was established because our founder Sonshine Troche, idolized drugs, violence, men, and money for over 20 years. In 1993, Sonshine was on her way to prison for attempted murder. **She last used drugs on July 4, 1997, and surrendered to Jesus on November 9, 1997.** She started mentoring women in addiction in 2006 and witnessed many dying or rearrested because they had nowhere safe to go to, and minimum skills to support themselves legally.

As a result of one too many deaths, Sonshine started the **Worthy Women Recovery Home, Inc. in September of 2008.** Sonshine had worked for 20 years as a drywall hanger, worked in a female juvenile program, volunteered with the Christian Motorcyclist Association Prison Ministry for 6 years, volunteered in the La Porte Co. Jail for 13 years, and worked at the Westville Prison for 3 years. After the purchase of the building on September 7, 2011, and through May 2016, 503 people helped make WWRH a reality. It is clean, safe, and structured; a 5000 square foot home with 3 bedrooms for up to 7 ladies who realize that a relationship with God is what they need and want.

In November of 2023, WWRH became the Worthy Women Transformation Home (WWT), a biblical discipleship program. Sonshine has been learning about God's love since 1997. Her life verse is Romans 12:2 "Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect."

Ladies who have been hurt, traumatized and abused often think about the past. They do not know how to think about their future. It seems hopeless, using drugs for years, getting busted and being sentenced repeatedly. The pain keeps getting worse. Many have children who want their mother to be sober. They also have a heavenly Father that loves them, unconditionally! His son, Jesus Christ died for their sins and wants to forgive them, but they have to believe it. Do you want to be new? Do you want to be forgiven? Do you want the love he has for you? You are worth it!!

A. TO BE CONSIDERED A RESIDENT, YOU MUST SIGN/INITIAL ALL INDICATED AREAS OF THIS APPLICATION AND:

1. **agree to abstain from all romantic communications/relationships as a resident at WWT. Initial: _____**
2. **agree to honor and comply with all program expectations of WWT. Initial: _____**
3. **agree to abstain from being employed for the first 6 months at WWT. Initial: _____**

B. SOME OF THE BENEFITS OF OUR CLASSES AND ACTIVITIES AT WWT:

1. **BE TRANSFORMED** Discipleship Class - Short Videos that teach you to trust God and live a healthy life.
2. **FINANCIAL RESPONSIBILITY** - Learn to understand wants vs. needs, Budgeting, and financial responsibility.
3. **GIRLS GONE WISE** - Learn how to put off past unhealthy values and put on how God created you to be.
4. **GOSPEL TREASON** - Recognize the Idols in your life and how to replace them with worthy things.
5. **HOPE** - Short, easy to understand bible stories to help you learn people in the bible who also struggled.
6. **HOW PEOPLE CHANGE** - People can start living in a new way as Christ changes their hearts.
7. **LIFE SKILLS** - Learn great work habits, taking care of a home, yourself, setting goals, and how to help others.
8. **MICROSOFT OFFICE BASIC SKILLS** - Learn basic Computer Skills to equip you for successful employment.
9. **MORAL RECONATION THERAPY** - **MRT®** Learn honesty and trust, how to accept challenges, goal setting, etc.
10. **RELAPSE BIBLICAL PREVENTION STRATEGIES** - Learn how to attain a life worth living.
11. **TASC/GED** - High School dropouts can enroll to earn a High Scholl Equivalency Education Diploma.
12. **UNDERSTANDING TEMPTATIONS; CROSS TALKING** - Short devotions for overcoming old thinking habits.

C. *TO BECOME YOUR BEST VERSION OF A NEW CREATION, YOU WILL*:

1. Participate for 1-2 hours daily with homework reading and writing assignments (Monday – Friday)
2. Memorize 1-2 Bible verses every week that will help you renew your thinking
3. Participate in Weekly Biblical counseling, and participate in program activities
4. Exercise four days per week, help cook healthy meals, and make time to take care of yourself
5. Participate in Job skills training by volunteering and doing various projects
6. Be financially accountable as you learn to budget wisely and pay off debts and or fees
7. Participate in weekly fun activities and eat ice cream often :)

D. *TO ENJOY AND ATTAIN YOUR FULL POTENTIAL AT WWT, YOU WILL:*

1. Respect the Worthy Women peaceful atmosphere, biblical morals, yourself, and others.
2. Dress modestly with ear piercings only, and with modest clothing that is not torn or revealing.
3. Use only the WWT house phone until cell phone privileges are earned and authorized.
4. Abstain from any personal, dating, romantic and sexual relationships, even if you are legally married.
5. Abstain from gambling and gambling paraphernalia.
6. Not possess, or use alcohol including items containing alcohol: ex. perfume, mouthwash, lotion, etc.
7. Abstain from, not possess, or use any illegal, unprescribed or unauthorized drugs.
8. Not possess, or use nicotine products such as cigarettes, vapes, lighters, matches, vapes, etc.
9. Not possess, or use inappropriate or sexually explicit pictures / materials, including jail or prison mail.
10. Not possess or use weapons of any kind and lock sharp hygiene items in your locker.

I, (Applicants' full name signed), _____ confirm that I have read, understand and agree to the rules and responsibility requirements written in the WWT INTAKE AGREEMENT.

Applicant Name Printed: _____ Date: _____

If you are currently in jail, please include the contact information for your Attorney/Lawyer.

Attorney: _____ Phone Number_____ Ext:_____

Attorneys' Email: _____

If you are currently in prison, please include the contact information for your Case Managers.

Case Manager: _____ Phone Number_____ Ext:_____

Case Managers' Email: _____

Return your completed application to:

MAIL: WWT, PO Box 116, La Porte, IN 46352 **or**
EMAIL to worthy@wwtransform.org
Office: 219-325-3360 **Website:** www.wwtransform.org

Because of Jesus,

D. E. "Sonshine" Troche

D. E. "Sonshine" Troche, Executive Director

RESIDENT APPLICATION

WWT STATEMENT of BELIEFS

Romans 12:2 Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.

1. We believe that God created Adam and Eve in His image, but when they were tempted and sinned in the garden, creation was alienated from God and cursed with sin. All of humanity is born under the curse of sin and as a result is deserving of divine judgement. It is only through the saving work of Jesus that we can be rescued from our rebellious state and have the wrath of God be satisfied. (**Romans 5:12-20; Ephesians 2:3**)

2. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (**2 Timothy 3:16-17**)

3. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. (**Genesis 1; John 1**)

4. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (**Colossians 2:9; Hebrews 1:3; Philippians 2:5-11**)

5. We believe that Salvation is by grace and faith alone in the finished work of Jesus (Ephesians 2:8-9) and that Jesus is the Only Way to have a right relationship with God. (**John 14:6**)

6. We believe that for the salvation of lost and sinful people regeneration by the Holy Spirit is essential. (**Ephesians 1:13-14; Titus 3:5; Ezekial 36:26; 2 Corinthians 5:17**)

7. We believe in the present ministry of the Holy Spirit by whose indwelling, the Christian is enabled to live a godly life. (**Romans 8; Acts 1:8; John 14-16**)

8. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of eternal separation from God. (**Romans 2:6-16; John 11:25-26; 2 Thessalonians 1:9; Hebrews 9:27)**

9. We believe in the spiritual unity of believers in Christ. (**1 Corinthians 12; Colossians 3:1-4**)

10. We believe in the purity of the marriage covenant between man and woman as created and designed by God according to His word, the bible. (**Genesis 1:27-28; 1 Corinthians 7:9; Matthew 19:5-6**)

I, (Applicant full name signed), _____ confirm that I have read, understand, and agree with the WWT STATEMENT OF BELIEFS written above. Date: _____

WORTHY WOMEN TRANSFORMATION

WWT MEDICATION POLICY

POLICY: It is the Policy of WWT to be the advocate for residents, by notifying medical personnel of this Medication Policy and discussing all medication needs with the residents at scheduled appointments or on the phone.

PROCEDURE: Residents must sign the WWT Release of Information Form (ROI) authorizing trained WWT Personnel to be with the resident for medical appointments. WWT Staff will not be in a room for undressed examinations. Staff shall transport all medications. WWT DOES NOT offer Medication Assisted Treatment (MAT).

WWT MEDICATION POLICY		
"GREEN ZONE"	**"YELLOW ZONE"**	**"RED ZONE"**
Medications ***ALLOWED*** at **WWT**:	***Medications listed must have a documented reason for the prescription by your doctor***:	***Needles/Syringes are prohibited.*** Medications ***NOT ALLOWED*** at **WWT include any "Controlled Substance"**:
Antidepressants *Celexa, Cymbalta, Effexor, Elavil, Lexapro, Prozac, Paxil, Remeron, Savella, Zoloft*	**Mood Stabilizers & Seizure Meds** The following medications are allowed **ONLY** with Doctor's documented seizure disorder: *Tegretol, Topamax, Trileptal, Lamictal*	**Anti-psychotics:** *Abilify, Geodon, Latuda, Seroquel, Clozaril, Haldol, Risperdal, Zyprexa, Clozaril, Depakote, Geodon, Haldol, Latuda, Lithium, Mellaril, Risperdal, Risperidone, Seroquel, Zyprexa*
Anti-Anxiety Medications *Buspar, Vistaril*	*Diabetics may only use a Continuous Glucose Monitor.*	**Anti-Anxiety Medications-Benzodiazepines** *Ativan (Lorazepam), Librax, Librium, Klonopin (Clonazepam), Oxazepam, Quazepam, Tranxene, Xanax (Alprazolam), Valium (Diazepam)*
Sleep Aids*- Trazodone, some OTC sleep aids*	***Vivitrol* can only be used*** *in pill form.*	**Sleep Aids-** *Ambien, Dalmane, Halcion, Lunesta, ProSom, Restoril, Sonata*
ADD medications- *Strattera, Intuniv*		**ADD/ADHD Medication-** *Adderall, Concerta, Focalin, Provigil, Ritalin,* Vyvanse or any other "controlled" medication.
Anti-inflammatory medications- *Ibuprofen, Meloxicam, Naproxen*		**Pain Medication –** *Codeine, Darvocet, Demerol, Fentanyl, Hydrocodone, Hydromorphone, Lavdanum, Levorphanol, Lortab, Lyrica, Methadone, Morphine, Norco, Oxycodone, Oxycontin, Oxymorphone, Percocet, Percodan, Pethidine, Suboxone, Tapentadol, Tramadol, Vicodin, Ultram*
		Muscle Relaxants- *Baclofen (Lioresal), Carisoprodol (Soma), Chlorzoxazone (Paraflex), Cyclobenzaprine (Amrix), Diazepam (Valium), Flexeril, Gabapentin, Metaxalone (Skelaxin), Methocarbamol (Robaxin), Orphenadrine (Norflex), Tizanidine (Zanaflex), etc.*
"GREEN ZONE"	**"YELLOW ZONE"**	**"RED ZONE"**

I, (Applicant Signature), _____ will use only allowed medications listed above, and confirm that I have read, understand, and agree with the WWT Medication Policy. I also understand that WWT will transport me to medical appointments as needed. Date: _____

WORTHY WOMEN TRANSFORMATION

NOTE: ***Your information is kept confidential, but necessary to understand your needs. Fill this application completely to be considered. If something doesn't apply, print N/A.*** **PLEASE PRINT.**

YOUR INFORMATION

First Name: _____ **Middle:**_____ **Last:** _____

Birthdate (MM/DD/YEAR): _____/_____/_____ SSN: _____

Last known address:_____

Current address:_____

Street City State Zip Code

YOUR CURRENT SITUATION: Underline your answer(s)

Incarcerated; **Was incarcerated;** **I might have a warrant**; **I am a Military Veteran**

YOUR IMMEDIATE FAMILY CONTACT:

First _____ Last _____ Relationship to you: _____

Best Phone Number: _____ Occupation: _____

Address: _____

Street City State Zip Code

EDUCATION

I earned a High School Diploma in _____(year). I earned a GED or TASC in _____(year).

I went to College for _____years. I earned a College Degree in _____

What do you think your worst addiction is? **Briefly explain answer.**

1 _____ Why: _____

_____

_____

What do you think your worst behavior is? **Briefly explain answer.**

2. _____ Why: _____

_____

_____

IMPORTANT RELATIONSHIPS

1. At WWT, we focus on living for God, Jesus and the Holy Spirit. Is this important to you? Why?

_____

_____

_____

_____

PERSONAL RELATIONSHIPS

I am: _____ Single, _____**Engaged, _____*Married, _____*Separated, _____*Divorced, _____*Widowed

*Husbands' Name: First _____ Middle _____ Last _____

**Boyfriends' Name: First _____ Middle _____ Last _____

_____ He is currently incarcerated. _____ He was incarcerated. His Birthday is: _____/_____/_____

FAMILY - CHILDREN

Name of Child(ren) under age 18:	Age:	Reside in County/State:	They live with:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENTS:

Describe your relationship with your father. Please be specific:_____

_____

_____

Describe your relationship with your mother. Please be specific:_____

_____

_____

HEALTH

What kind of Health Insurance do you have?_____

Your Family Doctor's First/Last Name: _____ City/State:_____

Last admittance to a Psychiatric Facility: Year _____ Name: _____ State ____

Describe why you went and when you left: _____

_____

Last admittance to a Recovery Program: Year _____ Name: _____ State ____

Describe why you went and when you left: _____

_____

List all documented Doctor's Diagnosis and/or Allergies: _____

_____

_____

List all medications that you are currently taking: _____

_____

DRUG/ALCOHOL HISTORY

Have you used nicotine? _____N/A _____Daily _____Weekly _____Rarely

Have you vaped? _____N/A _____Daily _____Weekly _____Rarely

Have you drank alcohol? _____N/A _____Daily _____Weekly _____Rarely

Have you used drugs? _____N/A _____Daily _____Weekly _____Rarely

Have used intravenous needles: _____ N/A____ Daily____ Weekly_____ Rarely

On the line, print your age when you:

_____ **First used** drugs/alcohol; _____ **Last used** drugs/alcohol; _____ **Started** smoking cigarettes;

_____ **First dated** a drug/alcohol user; _____ **Left** parents' home; _____ **Admitted** to my addiction.

_____ Found out that **Mom** uses or used drugs or alcohol _____ Found out that **Dad** uses or used drugs or alcohol

PLEASE PRINT an X on the correct line of your answer. If yes, list your age or ages. ***Example: 6 – 12, 34***

Thoughts of self-harm	_____ Yes	_____ No.	Your age or ages: _____
History of Self-harm	_____ Yes	_____ No.	Your age or ages: _____
History of Violent Behavior	_____ Yes	_____ No.	Your age or ages: _____
History of Hearing Voices	_____ Yes	_____ No.	Your age or ages: _____
Loss of a family member	_____ Yes	_____ No.	Your age or ages: _____
Feelings of Anxiety or Fear	_____ Yes	_____ No.	Your age or ages: _____
History of STD/Infectious Disease	_____ Yes	_____ No.	Your age or ages: _____
History of Hepatitis	_____ Yes	_____ No.	Your age or ages: _____
History of HIV/AIDS	_____ Yes	_____ No.	Your age or ages: _____
History of Miscarriage	_____ Yes	_____ No.	Your age or ages: _____
History of Abortion	_____ Yes	_____ No.	Your age or ages: _____
History of Fainting	_____ Yes	_____ No.	Your age or ages: _____
Victim of Rape	_____ Yes	_____ No.	Your age or ages: _____
Victim of Domestic Violence	_____ Yes	_____ No.	Your age or ages: _____
Adopted	_____ Yes	_____ No.	Your age or ages: _____
Foster Care as a child	_____ Yes	_____ No.	Your age or ages: _____
Sexually Abuse	_____ Yes	_____ No.	Your age or ages: _____
Physical Abuse	_____ Yes	_____ No.	Your age or ages: _____
Emotional Abuse	_____ Yes	_____ No.	Your age or ages: _____
I am in a Homosexual Relationship	_____ Yes	_____ No.	Your age or ages: _____
I had a past Homosexual Relationship	_____ Yes	_____ No.	Your age or ages: _____

WWT MEDICAL CONSENT FORM

Worthy Women Transformation is not a medical care provider and does not hire or have medical staff.

WOR✝HY WOMEN TRANSFORMATION

Full name of applicant **(Print ONLY):** _____ Date: _____

I authorize WWT personnel to act on my behalf under these conditions: You verbally request emergency assistance. You are found unresponsive and unable to request emergency assistance. WWT authority deems a situation you are a part of, to be an emergency. By signing below, you give WWT personnel permission to call 911 on your behalf. **You are responsible for all costs associated with your emergency services.**

I, (full name of applicant SIGNED), _____ confirm that I have read, understand, and agree with the Medical Consent Form as written above. Date: _____

BEING A NEW CREATION

Please write why you think you would be a good candidate for learning to become a follower of Jesus at WWT.

_____

_____

_____

_____

_____

Please know that you should be able to lift at least 25 pounds to be a healthy fit for WWT. You will participate in daily chores, learn to cook, go shopping, go up and down stairs daily, be actively getting healthy, doing homework.

WWT RESIDENT RELEASE AGREEMENT

The undersigned acknowledges that she fully understands, and agrees with the following:

DEFINITIONS

1. "Worthy Women Transformation" means WWT, PO Box 116, La Porte, Indiana 46352.

2. "WWT premises" means the building and grounds owned by WWT.

3. "The undersigned" means the **Applicant**.

4. "Released Parties" means the directors, officers, board of directors, employees, staff, volunteers, agents, members, interns, and other residents of WWT, affiliates or ministries of WWT, La Porte, IN.

RELEASES AND ACKNOWLEDGEMENTS

5. DAMAGE CLAIMS:

The undersigned hereby ***releases*** the Released Parties from any claim, injury, death, property loss, property damage, or cause of action of any nature relating to me, arising on, at or near the WWT premises, or while being transported to, from, or during any activity planned by or sponsored by WWT, including claims for damages from any cause directly or indirectly relating to any action or failure to act by any of the Released Parties, and whether or not it is alleged that any Released Party in any way contributed to the alleged wrongdoing or is alleged to be based upon a non-delegable duty. This release also releases the Released Parties even if there is alleged to have been negligence or gross negligence by any of the Released Parties, and this release also relates to any possible claims, whether known or unknown, and whether they are possible or impossible to be known at the time this release is signed.

APPLICANT SIGNATURE _____

6. PERSONAL ITEMS:

It is considered a privilege for the undersigned to keep clothes and personal items at the WWT premises. The consent of WWT for the undersigned to keep such clothes and personal items at the WWT premises ends immediately and

automatically if the undersigned leaves or is dismissed from WWT. If the undersigned has not completely removed any clothes and personal items within 24 hours after leaving or being dismissed, such clothes and personal items shall be deemed forfeited and abandoned and may be disposed of in any manner whatsoever by WWT.

APPLICANT SIGNATURE _____

7. MAIL INSPECTION:

WWT is a rehabilitation treatment ministry, and it is required that communications to or from residents be carefully monitored. The undersigned specifically grants permission to the WWT Executive Director and her designated staff, to be in the presence of the undersigned while opening all incoming mail and inspecting all outgoing mail of the undersigned. The Director has the prerogative to share the contents of such mail with staff on a need-to-know basis.

APPLICANT SIGNATURE _____

8. PRIVACY, SEARCH & SURVEILLANCE:

WWT takes the necessary steps to protect the residents and staff of WWT. By participating in the WWT Program the undersigned ***voluntarily relinquishes*** her "expectations of privacy" and "rights of privacy" at the WWT Premises, and to the clothes and personal items of the undersigned, brought by the undersigned to WWT. Upon arrival at WWT the belongings of the undersigned will be searched and checked and will remain subject to search so long as the undersigned is involved in the WWT Program. This includes her vehicle, bathroom and bedroom **(procedures below).**

APPLICANT SIGNATURE _____

9. FOLLOWING RULES:

The undersigned voluntarily agrees to follow all WWT Program rules, schedules, and requirements. The undersigned recognizes and acknowledges the leadership of the WWT Board of Directors, Staff, and Volunteers.

APPLICANT SIGNATURE _____

10. CONSEQUENCES:

If the undersigned chooses to disregard the WWT rules, schedules, or directives of the WWT staff, or otherwise rebels against the staff, the undersigned can be terminated from the program, and must leave the WWT premises as soon as possible, taking all her personal items with her.

APPLICANT SIGNATURE _____

RECEIVING PROCESS PROCEDURES FOR NEW RESIDENTS, INCLUDING SEARCH PROCEDURE:

1. ***Step One*** - A WWT Staff person will review intake paperwork with the resident.
2. ***Step Two*** - A digital picture of the resident (headshot) shall be taken for WWT records.
3. ***Step Three*** - New residents will fill out required documentation and comply with an initial drug screen.
4. ***Step Four*** - WWT Staff will perform a safety search with the resident in the main bathroom.
   - **A.** The resident's backside will be covered with a bath towel prior to undressing herself to her undergarments.
   - **B.** **Staff are not permitted to touch the resident's body.**
   - **C.** Resident will stick out her tongue, move it up and down and sideways.
   - **D.** Resident will lean forward, sliding her fingers through her hair while moving her head back and forth.
   - **E.** The Resident will squat by bending the knees, and cough deeply 4-5 times, to dislodge any hidden items.
   - **F.** Staff will ask the new resident if she has any bruising, scars, cuts, or other discomfort to be documented.
   - **G.** The staff will exit the bathroom **before** the resident removes the towel.

5. ***Step Five in the Receiving Process*** - The "Resident Inventory Form" will be completed. This will account for all personal belongings.

A. Staff will thoroughly examine all belongings for any prohibited items contrary to program philosophy.
B. Each item will be described on the Resident Inventory Form, and prohibited items will be disposed.

6. Procedures for Room Inspections/Safety Searches:

A. The purpose of the Room Inspections/Searches is to keep both staff and residents safe.
B. Room Inspections/Searches include the furnishings in the room as well as the residents' personal belongings.
C. Room Inspections/Searches are conducted by staff and will always occur in the presence of the resident.

7. When there is a reason to inspect a room, the following procedure will be followed:

A. The resident will be informed that a room inspection will be conducted and that she must be present.
B. Staff will complete the inspection/search, and the room will be returned to the original order thereafter.
C. Items not allowed will be documented, removed, and discarded. Prohibited items will result in termination of the WWT Program.
D. Staff will document the inspection and must list any item not allowed and disposition of the item.
E. The resident and staff present must sign the safety search form prior to and after the search is completed; refusal by the resident to sign will result in termination of the WWT Program.

WWT RELEASE AND DISCLOSURE OF INFORMATION

I,_____, will authorize the individuals listed below (names will be listed after acceptance), to communicate about, provide, exchange information, records and documents, regarding my history, my medical, psychological and mental records, and any other appropriate data with WWT authorized personnel. This release to WWT personnel includes, but is not limited to, the release, delivery and/or disclosure of facts, information and documents relating to my medical and/or psychological diagnosis and treatment, records, reports, x-rays, photo static copies and/or electronic data. The purpose/need for **disclosure of information** is to provide collaboration with these entities regarding my attendance, progress, and attitude toward my evaluation and treatment.

I understand that the provision of services by WWT is not contingent upon my signing this document. I understand that I may revoke this authorization at any time except to the extent that action has already been taken using this authorization. This authorization will be valid during my application process, during my residency at Worthy Women Transformation and for 365 days after discharge/termination of services with Worthy Women Transformation.

1. Attorney (Lawyer)
2. Approved Family Members
3. Counselors
4. Court Representatives
5. CPS or DCS if applicable
6. Doctors & Pharmacies

I, (Applicant full name signed), _____ confirm that I have read, understand, and agree with the WWT Release and Disclosure of Information written above. Date: _____

By signing below, you are confirming that you are being truthful with the WWT Application.

APPLICANT SIGNATURE: _____ DATE: _____

Mail: **WWT, PO Box 116, La Porte, IN 46352** ***Email:*****worthy@wwtransform.org** ***Office*** **219-325-3360**

WWT OFFICE USE ONLY:

Staff Interviewer: _____ Interview Date: _____ Accepted: _____

Applicant Liaison: _____ Title: _____ Phone: _____

WWT STAFF SIGNATURE/TITLE: _____ DATE: _____