Community Transition Program Application

BCF ☐  DCF ☐  MCC ☐  MVCF ☐  SMWRC ☐

I. ____________________________, wish to apply for consideration to be assigned to:

☐ Work Release ☐ Education Release ☐ Public Service Release

A. Purpose: _____________________________________________________________

_____________________________________________________________________

B. Educational History: ________________________________________________

_____________________________________________________________________

C. Prior Employment: _________________________________________________

_____________________________________________________________________

D. Proposed Education/Work/Public Service Placement: __________________

_____________________________________________________________________

E. If education release, proposed course(s) and location: __________________

_____________________________________________________________________

F. If education release, proposed financing: ______________________________

_____________________________________________________________________

G. Other: _____________________________________________________________

_____________________________________________________________________

H. Comments: _________________________________________________________

_____________________________________________________________________

Signature of Prisoner: ___________________________________________ Date: __________

Community Program Coordinator, or other designated staff: ☐ Eligible ☐ Not Eligible

Date: ____________________ Signature: _________________________________

Unit Management Team: ☐ Recommended ☐ Not Recommended

Date: ____________________ Signature of Chair, or designee: ______________________

Chief Administrative Officer, or designee: ☐ Approved ☐ Disapproved

Date: ____________________ Signature of Chief Administrative, or designee: __________________