

# Craven/Pamlico Co. Reentry Council

## **PARTNERSHIP APPLICATION** (Please Print)

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Other Organization Representatives:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### **Type of Organization:**

\_\_\_ Public \_\_\_ Private \_\_\_ Non-Profit (501 C 3 Only) Years of Operation: \_\_\_\_\_

**Services Offered:**

Advocacy \_\_\_ Supportive \_\_\_ Employment \_\_\_ Housing \_\_\_ Other \_\_\_\_\_

**List other services offered to people with criminal records:**

**References: (Please list two references)**

Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**How did you hear about Craven/Pamlico Reentry Council:**

\_\_\_ Media \_\_\_ Word of Mouth \_\_\_ Attended CPRC Meeting \_\_\_ Client

\_\_\_ Brochure \_\_\_ CPRC Member, if so member name: \_\_\_\_\_

Partnerships shall consist of the Craven/Pamlico Reentry Council, and Agency Representatives. Interested agencies must complete an application that will be reviewed by the Craven/Pamlico Reentry Council which will determine Partnership based on Board criteria. Agencies can consist of more than one representative (a list of agency representatives will be requested at application). Each agency will have one (1) vote for each ballot and agency will select which representative will vote for the agency.

**Meetings:**

Quarterly meetings will be scheduled quarterly at the Craven/Pamlico Reentry Council's discretion. (Recommendation: Third Thursday, every quarter at 12:00 pm. Quarterly meetings are always open to the public.

Signature of authorized person of the above mentioned organization:

\_\_\_ Check # and Confirmation.

\_\_\_ Seeking waiver of membership fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date