

Together We Bake
c/o Downtown Baptist Church
212 South Washington Street
Alexandria, VA 22314
Contact: stephanie@togetherwebake.org

Together We Bake is a comprehensive workforce training and personal development program for women who deserve a second chance, specifically women recently released from the corrections system, women facing long-term unemployment, and women recently experiencing homelessness. The program is centered on a micro baking business where women actively learn and participate in Food Safety Education, Food Production, Product Packaging and Delivery, Customer Service, and Small Business Administration. The curriculum-based personal development component focuses on Empowerment, Life Skills, and Job Readiness.

To be eligible to participate in the Together We Bake program, applicants must be:

- Serious about developing realistic life goals and working toward them
- Able to function in a highly structured environment
- Ready to commit to adopting healthy behaviors and attitudes
- Physically able to work in a bakery
- Serious about employment post graduation

TWB Training Sessions in 2018

Winter Session: January 30 - March 22

Spring Session: April 17 - June 7

Fall Session: September 18 - November 8

**Each session is 8 weeks long, Tuesdays, Wednesdays, and Thursdays,
9:30 AM– 1:30 PM**

at Downtown Baptist Church 212 South Washington Street Alexandria, VA 22304

**For more information call Stephanie at (703) 973-8775 or email
Stephanie@togetherwebake.org**

Together We Bake Program Requirements

Read and initial each item below.

1. _____ I understand that daily attendance (Tues., Wed., and Thurs.) is required.
2. _____ I understand that there is weekly required "homework" for ServSafe (food safety education) and the empowerment groups.
3. _____ I understand that outside of program hours are required twice per session.
4. _____ I understand that I must be clean and sober.
5. _____ I understand that if I am currently under the care of a psychiatrist prescribing medication, I must be compliant in taking my medications.
6. _____ I understand that I must be on time and stay the entire program (9:30 am-1:30pm).
7. _____ I understand that if I have 3 or more unexcused absences or late arrivals to the program, I will be terminated from the program.
8. _____ I understand that I must leave my cell phone in the office during program hours.
9. _____ I understand that I must be willing to accept instruction from my instructors and supervisors and complete the work that is assigned to me with a positive attitude.
10. _____ I understand that I must have a willingness to confront my personal challenges and/or barriers.
11. _____ I understand that I will have a Job Counselor and I must meet regularly with them.
12. _____ I understand that Together We Bake/Downtown Baptist Church are not responsible for damage, loss or theft of my personal property.
13. _____ I understand that Together We Bake has a drug and alcohol policy that provides for random and causal testing before and/or during the program and my continued participation is based on the successful passing of tests.

Applicant's signature: _____ Date: _____



I, _____, authorize Together We Bake to release any and all information about my case, including but not limited to, records of my communications, my attendance and behavior in the Program to:

Case Manager:

Name: _____ Phone: _____

Probation or Parole Officer:

Name: _____ Phone: _____

Other:

Name: _____ Phone: _____

I, _____, authorize the above named to release any and all information about professional services I have received from _____ (Dates of service) including but not limited to, records of appointments, diagnostic information, and course of treatment to Together We Bake for the purpose of collaboration.

This release of information shall expire one year after the date of signature on this form, unless revoked by me in writing at an earlier date.

Applicant/Student signature: _____ Date: _____

Together We Bake Staff signature: _____ Date: _____

General Information

Legal Name:

Last: _____ First: _____ Middle: _____

Age: _____ DOB: _____

Current address: _____

Mailing address (if different): _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Race: _____

US Citizen Y ___ N ___ If no, are you legally entitled to work in the US? Y ___ N ___

Valid driver's license? Y ___ N ___ Are you eligible for one? Y ___ N ___

Veteran? Y ___ N ___

Referral - Who referred you to Together We Bake?

Name: _____

Agency: _____

Relationship: _____ (for example, case manager, sponsor, friend)

Contact information: Work Phone _____

Email: _____ Cell: _____

Emergency Contact:

Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____

Address: _____

Housing

What is your current living situation (where, whom with)?

Do you have a secure place to live for the next 6 months? Yes ___ No ___

If staying in a residential program, when is your move-out date? _____

What is your plan for securing housing afterwards?

Social History

Relationship Status (married, single, dating, etc.):

Do you have children/Dependent(s)?

Name	Age	Custody (Y/N)	Currently living

Support: Voluntary: _____ Court Ordered: _____ Amount: _____

Identify individuals who are supportive of you.

Education:

Last Grade Completed: _____ High School Diploma? _____ GED? _____

Have you completed any vocational or college training? Yes _____ No _____

Name of Institution	Dates Attended	Degree/Training Received

What are your future education plans?

Transportation

What is your current mode of transportation? _____

Do you receive any stipends through community organization/faith based

organizations? _Y_____N_____ If yes, how much per month? _____

Disability Status

Do you have a disability that substantially limits your employment activities? Y ___ N ___
(examples: Mental Illness, Physical Disability, Substance Abuse, Learning Disability)

What is your disability? _____

Have you applied for SSI/SSDI/IDA? Y ___ N ___ If yes, which one? _____

SSI: Supplemental Security Income, SSD: Social Security Disability Insurance, IDA: Interim Disability Assistance

When? ___/___/___ Status of application _____

Do you plan on working upon completion of Together We Bake? Y ___ N ___

Social Services

Service Agency	Phone	Case Worker	Type of support received

Drug/Alcohol History

Alcohol:

Date of First Use: _____

Date of Last Use: _____

How often did you drink? _____

How much and what type? _____

Drugs:

Date of First Use: _____

Date of Last Use: _____

Type

Age Started

Date of Last Use

How Often?

How much?

Any clean time (outside of jail/prison?) _____ How long? _____

Would you like to disclose anything else about your drug and/or alcohol use? (For example: influences, behavior, enablers, triggers, etc.)

Previous Services and Treatment:

Drug and Alcohol Treatment Programs (attach additional pages if necessary):

Place: _____ Date: _____

Length of Stay: _____ Type of Discharge: _____

12 Step Programs: Type: _____ How Often? _____

Do you have a sponsor? _____ How long have you had a sponsor? _____

Mental Health/Psychiatric Care

Do you have mental health issues? _____ Diagnosis: _____

Are you on medications for this? _____ Which ones? _____

Have you ever been hospitalized for mental health issues? _____

If so, where, when, and what for? _____

Have you ever attempted suicide? _____ if so, how many times? _____

Have you ever struggled with an eating disorder? Dates: _____

If so, would you have difficulty working around food, feel triggered? _____

Have you ever been abused, injured or assaulted? Physical or sexual?

Health and Medication

Personal Physician: _____ Date of last physical: _____

General Physical Health (circle one): Excellent Good Fair Poor

Explain briefly any health problems: _____

Are you on any medications? Y _____ N _____ If yes, please list medications: _____

Personal Dentist: _____ Date of last dental checkup: _____

General dental health (circle one): Excellent Good Fair Poor

Explain briefly any dental problems: _____

Legal History

Do you have any warrants, upcoming court dates or legal problems? Y _____ N _____

If **yes**, please explain:

Most recent criminal history (past 7 years):

Date	Jurisdiction	Offense (misdemeanor/felony)	Court Ordered Outcome	Time Served

*attach additional sheets if necessary

Total Number of Felonies: _____ Total number of Misdemeanors: _____

Total amount of time spent in jail/prison: _____

Are you on Probation? Y _____ N _____ Length of
Probation: _____

Current Probation/Parole Office

Current Probation/Parole District:

Probation/Parole Officer Name:

Phone: _____ Address: _____

Email: _____

Employment

Current Position: _____ Pay: _____

Employer: _____ Phone: _____

Address: _____

Previous Employment:

Date	Reason Left	Employer	Position/Pay
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ServSafe certification: Yes No If yes, date received: _____

List any other food service experience you have had, including any experience while incarcerated:

STRENGTHS ASSESSMENT

What do you see as your personal strengths? What skills will you bring to the training program?

What have been the main challenges in your life recently and how have you dealt with them?

GOALS/EXPECTATIONS

Why are you applying to this training program?

What are your career goals?
