

**This section for CCLC only**

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

Initial Impressions:

ED \_\_\_\_\_

MD \_\_\_\_\_ AD \_\_\_\_\_

PM \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Results of Interview: \_\_\_\_\_

Move in date: \_\_\_\_\_ Comments: \_\_\_\_\_

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## Christ-Centered Life Coaches Client Application

### Instructions for filling out the form

Complete this application entirely and return to Christ-centered Life Coaches, 3515 Sycamore School Road, Suite 125-PMB 172, Fort Worth, TX 76133. Answer every question - if a question does not apply, mark the space N/A.

If your application is incomplete, you may lose your chance to be considered. Any false or untruthful information will immediately disqualify you.

**Any information you provide or we find out will be held in strict confidence.**

# Christ-centered Life Coaches Client (CCLC) Application

Rev. 05/01/2012

Thank you for your interest. Before you complete the application, please read the following information carefully.

## ***What are Christ-centered Life Coaches?***

Christ-centered Life Coaches are individuals from a variety of backgrounds, education and experience. What we do is strive with everything that's within us to produce lasting change in the lives of the men and women we serve for their eternal good and to the glory of God. We do this through the faithful, consistent application of the gospel in the context of a relationship of Biblical counseling and accountability.

We welcome your application and look forward to getting to know you.

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ CID/TDC#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ State ID/DL: \_\_\_\_\_ EXP: \_\_\_\_\_

Marital Status:      Married               Single               Divorced/Separated

Spouse's Name: \_\_\_\_\_

Name of Present Institution or where most recently incarcerated : \_\_\_\_\_

**Current Address:**      Street: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## **Emergency Contact:**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Identification**

To your knowledge, do you have a valid, non-suspended license to drive at this time: YES NO If YES, what is the number of the license/state ID? \_\_\_\_\_?

If you do not have a valid license to drive at this time, please explain why (tickets, surcharges, etc.):

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Will the license be in your possession after you are released or will you need to re-apply/request a copy?

YES Re-apply/Request a copy

To your knowledge, if not in your possession after your release, do you have ready access to your birth certificate and social security card? YES Re-apply/Request a copy

Expected Released Date: \_\_\_\_\_ Type of Release: Probation Parole Discharge

If probation or parole, has it actually been granted: YES NO (a decision is pending)

**Personal History**

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

With whom were you staying: \_\_\_\_\_

Marital Status: Single Married Separated Divorced

If married, separated or divorced, please provide the last known contact information for your wife/ex-wife:

Name: \_\_\_\_\_ TDCJ Number: \_\_\_\_\_ DL: \_\_\_\_\_ ST: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

If any, please provide the names and ages of your children (If more, please continue on separate piece of paper):

Name	Age	Where are they now?

If married or separated, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a parent, If married or separated, please explain how your stay with us fits into your plan of seeking or not seeking reconciliation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us the following information regarding your criminal history:

Name of Last Offense(s): \_\_\_\_\_ Prosecuting County: \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please tell us more about your faith. When and how did you become a Christian? What does it mean to be a Christian?

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Briefly explain why you desire to stay with us:

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**Education History**

Highest grade level achieved: \_\_\_\_\_ School Name: \_\_\_\_\_  
\_\_\_\_\_

Did you graduate from High School?  Yes  No Year: \_\_\_\_\_

If you did not graduate, did you receive a GED?  Yes  No Year: \_\_\_\_\_

Did you attend college or a trade school?  Yes  No What did you study? \_\_\_\_\_

Favorite subjects in school? \_\_\_\_\_

Hobbies: \_\_\_\_\_

**Family Information**

At what age did you move from your parent's home? \_\_\_\_\_

Parent's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Transportation Information**

Do you own a car?  Yes  No Year/Make/Model: \_\_\_\_\_

Tag Number: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Are Tags Current?  Yes  No

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Is License Current?  Yes  No

State ID#: \_\_\_\_\_ Do you have liability insurance?  Yes  No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Current State Inspection:  Yes  No

**Sin History**

Present alcohol use?  Yes  No Do you smoke?  Yes  No Present drug use?  Yes  No

Pornography?  Yes  No Sexual Sin (Acted upon)?  Yes  No

Comments re above? \_\_\_\_\_

List past drug use:

SUBSTANCE	LENGTH OF USE	TIME PERIOD	QUANTITY

Have you ever attended a drug rehabilitation center?  Yes  No (Include programs while incarcerated)

Is yes, when: \_\_\_\_\_ Where? \_\_\_\_\_

Have you smoked cigarettes in the last 10 years?  Yes  No Do you currently smoke?  Yes  No

In the past 10 years, have you (check all that apply):

\_\_\_\_\_ Sought or received advice or treatment for the use of alcohol or drugs?

\_\_\_\_\_ Used cocaine, heroin, or any other narcotic drug except as legally prescribed by a physician?

\_\_\_\_\_ Been treated for psychological or emotional problems with or without medication?

Where and when? \_\_\_\_\_

What, if any, diagnoses have been given (bi-polar, depression, schizophrenic, etc.)?

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Are you currently taking any mental health medications?      YES      NO      If so, please list them below:

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**Current Situation**

What is the reason for your current situation? \_\_\_\_\_

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**Employment Background**

Most current place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Job Title: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Duties: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Pay Schedule:  Weekly  Bi-weekly  Monthly

Reason for leaving: \_\_\_\_\_

What vocational training have you received? \_\_\_\_\_

List any courses taken in prison: \_\_\_\_\_

List all machines, equipment, and/or tools you have experience using: \_\_\_\_\_

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**Employment information for the last five years including prison jobs:**

DATES		NAME OF COMPANY	JOB TITLE & DUTIES
From	To		

From	To	
From	To	
From	To	
From	To	
From	To	

**Financial Information**

List all income received from child support, TANF(AFDC), Food Stamps, S.S, Falsifying information will lead to Termination of program.

ITEM	AMOUNT	DAY RECEIVED	CASE NUMBER

List all debts.

ITEM	LENDER	AMOUNT OWED

**Criminal Background**

List all convictions with the most current first:

DATE	CHARGE	SENTENCE	TIME SERVED

**Estimated Release Information**

When is your projected/mandatory release date? \_\_\_\_\_

If you will be on **parole**, what is your parole plan? \_\_\_\_\_

If on **probation**, what are the conditions? \_\_\_\_\_

Are there any warrants out for your arrest?  Yes  No What county(ies)? \_\_\_\_\_ Outstanding tickets? Y N

If yes, please explain: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History**

What is the state of your physical/mental health?  Excellent  Good  Fair  Poor  Declining

Do you have any physical or mental handicaps?  Yes  No

If yes, what is your handicap? \_\_\_\_\_

List all current medications, doses taken, how often and reasons for taking them: \_\_\_\_\_

In the past 5 years:

Has any physician, psychiatrist, or other medical practitioner examined, advised, or treated you?

Yes  No If yes, what were the circumstances? \_\_\_\_\_

Have you been a patient in a hospital, clinic, medical or mental health facility/program?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been committed to a psychiatric hospital?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had an EKG, X-Ray, MRI, Blood Work or other test?  Yes  No

If yes, what were the results? \_\_\_\_\_

Have you been advised to have any test or surgery which was not completed?  Yes  No

If yes, please explain: \_\_\_\_\_



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Have you ever requested or received benefits, payment, or pension because of any injury, sickness, or disability?  Yes  
 No

If so, what is the status? \_\_\_\_\_

Do you have a family history of diabetes, cancer, lung disease, heart disease, kidney disease, mental illness or suicide?  
 Yes  No (If yes, please circle all that apply)

In the past ten years, have you had any medical diagnosis or received medical treatment for Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related complex (ARC), HIV or any disorder of the immune system?   
Yes  No

If yes, please explain: \_\_\_\_\_

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**Religious Background**

Please explain your religious upbringing: \_\_\_\_\_

Are you currently or have you ever been a church member?  Yes  No When/Where? \_\_\_\_\_

If yes, what denomination? \_\_\_\_\_ Do you consider yourself a Christian?   
Yes  No

How does your faith show in the life you lead? \_\_\_\_\_

What religious activities/programs have you participated in while incarcerated? \_\_\_\_\_

Chaplain's name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not have a relationship with a mentor already, would you like one?  Yes  No

If you already have a mentor, please provide the mentor's contact information and a written referral.

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

E-mail: \_\_\_\_\_ *\*Please attach or have mentor forward written recommendation.*

**Goals and Referrals**

Please list three short-term goals:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please list three long-term goals:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please list any perceived/expected obstacles to living the Christian life or achieving your goals (past or current pet sins, other obstacles such as financial stress, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the enclosed forms to request the necessary parties send in references for you. Your application is not complete until we receive all the requested references. Your signature below indicates that you have read and agree to, by God’s grace, live within all the policies and guidelines of CCLC for Christian Living.

Referred to CCLC by: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions Regarding Children**  
**(Skip to the next page if you do not have children)**

Childs Name: \_\_\_\_\_ Age \_\_\_\_\_

1. How is your child doing in school? What were his/her grades last report card? \_\_\_\_\_  
\_\_\_\_\_
2. What difficulties or problems has your child had in school? Has he/she had any discipline problems or been suspended? If so, when and for what? \_\_\_\_\_  
\_\_\_\_\_
3. What kind of relationship have you had with your child's teachers? \_\_\_\_\_  
\_\_\_\_\_
4. Has your child been on any psychiatric medicine? If so, what? Is he/she still taking it? \_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any psychological problems? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. Has your child been in trouble with the law? If so, for what and when? What was the outcome? \_\_\_\_\_  
\_\_\_\_\_
7. Has your child ever used illegal drugs, smoked cigarettes, or used inhalants? \_\_\_\_\_  
\_\_\_\_\_
8. Is your child taking any kind of prescription drugs? Please describe each drug and why he/she is taking it: \_\_\_\_\_  
\_\_\_\_\_
9. What are some of the favorite things you do together as a family? \_\_\_\_\_  
\_\_\_\_\_
10. What are some of the interests/hobbies your child has? (likes/dislikes) \_\_\_\_\_  
\_\_\_\_\_
11. Is there anything else you'd like to tell us about your child ? (special needs or care) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Has your child ever displayed violent or abusive tendencies? (self inflicted or other) \_\_\_\_\_  
\_\_\_\_\_

## Children's Assessments

1. Name of oldest child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite toy:	Favorite fun:		Special Needs: (glasses, asthma, dental, etc.)		
List dates of last immunizations	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:		Allergies: None Yes, please list:			
2. Name of next oldest child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite toy:	Favorite fun:		Special Needs: (glasses, asthma, dental, etc.)		
List dates of last immunizations	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:		Allergies: None Yes, please list:			
3. Name of next oldest child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite toy:	Favorite fun:		Special Needs: (glasses, asthma, dental, etc.)		
List dates of last immunizations	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:		Allergies: None Yes, please list:			
4. Name of next oldest child	Sex:	Nickname:	DOB:	Grade:	School:
Favorite toy:	Favorite fun:		Special Needs: (glasses, asthma, dental, etc.)		
List dates of last immunizations	DPT:	HIB:	MMR:	Polio:	Tuberculin:
Name of Pediatrician:		Allergies: None Yes, please list:			

**Prison Official Reference**

The inmate named below is applying to be accepted as a resident of CCLC for Christian Living. Please take just a minute to provide us with a confidential reference regarding your knowledge of the individual. Please return your reference by mailing it to us at : CCLC, Inc., 3515 Sycamore School Road, Suite 125-PMB 172, Fort Worth, TX 76133.

Name of Inmate: \_\_\_\_\_ TDCJ No. \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

As much as you are able to see, do you believe the inmate to be a Christian? YES NO UNSURE

Please tell us anything else you think we should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Dated

**Inmate Reference**

The inmate named below is applying to be accepted as a resident of CCLC for Christian Living. Please take just a minute to provide us with a confidential reference regarding your knowledge of the individual. Please return your reference by mailing it to us at : CCLC, Inc., 3515 Sycamore School Road, Suite 125-PMB 172, Fort Worth, TX 76133.

Name of Inmate: \_\_\_\_\_ TDCJ No. \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

As much as you are able to see, do you believe the inmate to be a Christian? YES NO UNSURE

Please tell us anything else you think we should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Dated

**Outside Reference**

The inmate named below is applying to be accepted as a resident of CCLC for Christian Living. Please take just a minute to provide us with a confidential reference regarding your knowledge of the individual. Please return your reference by mailing it to us at : CCLC, Inc., 3515 Sycamore School Road, Suite 125-PMB 172, Fort Worth, TX 76133.

Name of Inmate: \_\_\_\_\_ TDCJ No. \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

As much as you are able to see, do you believe the inmate to be a Christian? YES NO UNSURE

Please tell us anything else you think we should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Dated

## Covenant Plan

The following rules of conduct shall be in effect for any Covenanter working with CCLC. Violation of any rule, at the sole discretion of the staff, may be cause for immediate termination from the program. *\*Please initial each rule signifying that you have read and fully understand it.* Exceptions to some rules may be considered but may only be granted by CCLC and must be in writing. Covenanters SHOULD NOT initial to the right of any Exception noted below; this space is for CCLC administration.

1. With the understanding that Covenanters will never be asked to do anything Scripture or the legal system would forbid, and that all instructions are given with the eternal good of the Covenanter in mind and to the glory of God, Covenanters agree to do what they are told, when they are told, how they are told. \_\_\_\_\_
2. All unemployed Covenanters are required to track at least 3 hours throughout each day of physical exercise, prayer, daily devotion, recommended reading and viewing of DVDs. Employed Covenanters are required to track at least 10 hours/week. \_\_\_\_\_
3. Covenanters agree to meet/attend/view classes as instructed covering topics such as theology, the Christian worldview, communication, anger management, marriage, family, parenting, budgeting, life skills, addictions, etc. for the purpose of being transformed by the renewing of their minds that they may know God's will for their life (Romans 12:1-3). Covenanters should be prepared to provide notes and summaries of what they've learned upon request.
4. Covenanters must agree to obtain a job that enables them to be back on the premises for classes unless an exception is granted by CCLC. When you are not working you will be expected, when necessary, to volunteer your services to CCLC in any way the staff feels appropriate. \_\_\_\_\_  
Exception: \_\_\_\_\_
5. All Covenanters are given a 60-day window to find gainful employment. Extensions may be granted when substantial evidence of effort is presented.
6. Unless an exception is granted, all Covenanters are required to report any income and/or payroll information and to deposit said funds in an account under in the name of the Covenanter, but under the exclusive management of CCLC. \_\_\_\_\_ Exception: \_\_\_\_\_
7. **Unless an exception is granted, cashing/depositing of checks is a direct violation of CCLC rules and could lead to termination from the program.** All paychecks and/or other income will be deposited into each Covenanter's individual account. Covenanter will then be issued cash from CCLC to cover all expenses as budgeted for the coming week. All monies (**including paychecks, AFDC, child-support checks, and any other monetary gifts from outside sources**) will be deposited into the Covenanter's account and cannot be withdrawn from the account unless budgeted for and/or the Covenanter leaves the program. \_\_\_\_\_
8. As income from employment and their budget permits, the Covenanter agrees to either make restitution to anyone owed for previous money borrowed or stolen, especially to those who continue to be present in their life OR to seek and receive forgiveness in writing for any debt owed.
9. As income from employment and their budget permits, the Covenanter agrees to begin donating \$100/mo. to CCLC, Inc., so far as the Covenanter's budget allows, toward the end that costs spent on behalf of the Covenanter may be recovered and the ministry may have to give to others.
10. If allowed by your probation or parole, Covenanters agree to use the computer and Internet for its intended purpose of job searching, Bible study and related activities. Covenanters MUST NOT use the computer or Internet for inappropriate activities such as viewing pornography. \_\_\_\_\_
11. Covenanters agree to allow the installation of software on their desktop, laptop, tablet or cell phone, which allows for the tracking of all messages, phone calls, applications, their location, etc. The purpose of which is to prevent the use of technology for sinful purposes such as viewing pornography, trying to arrange for sexual encounters outside of marriage, drug or alcohol related activity, etc.
12. All Covenanters agree to worship at Fort Worth Presbyterian Church on Sunday morning. No exceptions will be made. If a Covenanter desires to worship at another church this will require finding a new place to live before doing so. \_\_\_\_\_

13. The staff will enter and inspect the residence of the Covenanter unit during the course of the program with or without notice. \_\_\_\_\_
14. No illegal activity of any kind will be permitted. \_\_\_\_\_
15. Alcohol, drugs, and/or firearms are strictly prohibited. You may not be on the premises with drugs or alcohol in your system even though they were consumed elsewhere. **Covenanter also agrees, at their own expense, to random drug and alcohol testing at the discretion of the Director or other staff. Any visitor will be expected to abide by the same rules.** Refusal by a Covenanter or visitor of the Covenanter to drug/alcohol testing will result in immediate expulsion from CCLC. Any and all pain or narcotic medications must be turned into and dispensed from the office. If these medications are found in a Covenanter's apartment, it could result in termination from the program. \_\_\_\_\_
16. **No smoking anywhere on property or within 5 miles of the property.** \_\_\_\_\_
17. You agree to log in and log out of the housing and to make your whereabouts known at all times, including any changes.
18. Except for employment reasons, a 10:00pm curfew is enforced every day including weekends. \_\_\_\_\_
19. Quiet hours exist between 10:00pm and 7:00am. During these hours, keep noise levels to a minimum. No outside activities after 10:00pm. \_\_\_\_\_
20. Covenanters are required, upon request, to introduce friends, relatives and associates to CCLC.
21. In consideration of the services provided by CCLC, all Covenanters must and do promise and agree, as a condition of their participation in the program, not to file a claim, complaint, or suit of any kind against CCLC, its staff, partners or subcontractors for negligence or any other reason, and hereby releases, by signing this application, CCLC, its staff, partners or subcontractors from any such claim, complaint, or suit. \_\_\_\_\_

#### Rules Agreement and Signature Page

I understand the above rules, conditions and release. I hereby state that the information contained in this application is true and accurate to the best of my knowledge. I further authorize any reference or ministry/church listed in this application to furnish CCLC any information (including opinions) that they may have regarding my acceptance. I authorize CCLC to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, credit reports or other documents pertaining to my background as required by the ministry. I hereby authorize CCLC to conduct a criminal background inquiry. I understand that CCLC requires such an inquiry before allowing any person to live at CCLC among other families with children. In consideration of this receipt and evaluation of this application by CCLC (3515 Sycamore School Road, Suite 125-PMB 172, Fort Worth, TX 76133), I hereby release any reference, including individual, church, youth organization, charity, employer, both collectively and individually, from any and all liability for damages occurring as a result of CCLC's processing of this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of CCLC and CCLC and to refrain from unscriptural conduct during my residency.

I HAVE CAREFULLY READ THE FOREGOING RULES, OBLIGATIONS AND RELEASE. WITH MY SIGNATURE BELOW, I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE CONTENT THEREOF AND I SIGN THIS RELEASE AS AN ACT OF MY OWN FREE WILL.

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE