

# BACK2LIFE PROJECT

## LETTERS OF HOPE PENPAL PROGRAM

*Connecting Lives. Restoring Hope. One Letter at a Time.*

### 1. Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Hair Color: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender (at birth):  Male:  Female:

### 2. Profile Category (Required)

- Veteran
- Incarcerated
- Civilian, Not Incarcerated, Not Military

### 3. Incarcerated Individual Information

*(Skip this section if the person is not incarcerated)*

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

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

DOC# \_\_\_\_\_ Messaging/Email Service: \_\_\_\_\_

### 4. Public Profile Details

Preferred Pen Pal Gender:  Male  Female  Both

Preferred Age Range:  19-29  30-44  45+

### Safety & Program Agreement

- Our program is free because no one should be without connection.
- Profiles stay up as long as you like BUT you are responsible for letting us know to take them down.
- Profile removal requests MUST be submitted in writing by the individual on the profile and mailed to our PO Box. Third party requests will not be accepted.
- We do not pair or guarantee pen pals.
- Please write only appropriate, mature content.
- Do not request gifts or favors.
- Respect privacy at all times.
- Write Bio on back of this application if you would like.
- Families/Friends can add you to our website at [www.back2lifeproject.org](http://www.back2lifeproject.org)

*Everyone deserves connection. Your story matters.*