

*Preparing for*

# RELEASE AND SUCCESS ON THE OUTSIDE

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**JUMPSTART** is designed to help you prepare for life outside prison. We are working to break the back of recidivism, and so we make sure our program holds you accountable to the key things you will need to have success on the outside.

Our work with others like you over many years has shown us that you will need five things to be successful on the outside:

- 1) Daily Surrender to Christ
- 2) Finding and keeping a job
- 3) Establishing a budget and financial goals
- 4) Developing a support team
- 5) Learning to have fun God's way

In this final section of the book, we're including some resources to help you begin working toward success on the outside. You will find:

- Budget sheets that help you build good habits now that will help you on the outside.
- Employment application section. You will need to create an employment application to help you get a job once you are released. JUMPSTART will help you with this. The first step is completing this information.

## Contacts by Department

Transitional Program: Anthony Mullinax

(888) 403-3815 ext. 2

Employment Initiatives: Don Williams

(888) 403-3815 ext. 4

## Mailing/Physical Address for Male Participants

721 Jerry Frady Way, Wellford, SC. 29385

## Mailing/Physical Address for Female Participants

712 Jerry Frady Way, Wellford, SC. 29385

## Indigo Hope Center

870 Jumpstart Dr., Wellford, SC. 29385

# JUMPSTART HOUSING PACKET

Please complete pages 146-158 as legibly and as completely as possible.  
Persons who have submitted incomplete applications will be advised to resubmit a complete one.

1. Read the Transitional Housing Boundaries carefully. Remember that we have your best interest in mind and that these boundaries are in place to keep you on path towards a smooth transition. If you agree to abide by the boundaries, please sign them. If you are not willing to abide by the boundaries, do not come to JUMPSTART.
2. Complete the Application for Housing
3. Complete the Medical Release Form
4. Complete the Resume
5. If they are willing, have the JUMPSTART volunteers and the Chaplain sign off on your Application for Housing.
6. Mail **ALL** completed paperwork to JUMPSTART Office: P.O. Box 1050, Spartanburg, S.C. 29304
7. When you are near 180 days to max-out, a JUMPSTART staff member or volunteer will interview you. A determination about your acceptance into the program will typically be made within a week, and you will be notified via mail of our decision.

# JUMPSTART TRANSITIONAL HOUSING EXPECTATIONS

Joining JUMPSTART after being released from incarceration can be compared to getting an opportunity to participate in an accelerator program. Just as accelerator programs offer participants resources and support to grow and learn, JUMPSTART provides essential elements that empower individuals to build a new life and overcome past challenges.

The program offers housing, ensuring a safe and stable environment for personal growth. Employment opportunities help participants gain financial stability and independence. Transportation services provided by JUMPSTART enable residents to access jobs, appointments, and other essential services, fostering self-sufficiency.

Life skills training is an integral part of the program, equipping individuals with the tools and knowledge necessary to navigate various aspects of daily living successfully. This training plays a similar role to the educational and personal development resources offered in accelerator programs.

Mentoring is another valuable component of JUMPSTART. Like mentors and advisors in accelerator programs, JUMPSTART mentors guide, support, and encourage individuals throughout their journey, helping them make better choices and set achievable goals.

Lastly, the program fosters a community of people who offer love and support, much like the connections and networks formed in accelerator programs. This community helps participants feel accepted, understood, and motivated to succeed.

In essence, JUMPSTART provides a comprehensive support system for those transitioning from incarceration, much like the opportunities and resources accelerator programs offer to participants in pursuit of personal growth and success.

At JUMPSTART, we believe that with Christ anyone's future can be greater than their past. We believe the greatest potential for residents to thrive is in a supportive, Christian environment. To ensure everyone's success, we have designed a set of Housing Expectations for those participating in the Transitional Program. Please read and sign a copy indicating to submit with your application if you will follow the program expectations so that you can achieve all that God has for you.

1. Upon arrival, each resident will benefit from a 30-day stabilization period designed to help them adapt smoothly to their new life. During this time, personal transportation and visits with loved ones will be limited to help the individual focus on getting acclimated to the program and prepared for all the opportunities that are ahead.
2. Residents are encouraged to create an inspiring, positive atmosphere by living in a manner that honors God and their fellow residents while exhibiting Christ-like behavior. To help hold one another accountable, participants sign out and in on housing sign-out sheet at the JUMPSTART home where they reside.
3. Curfew is set to ensure everyone gets adequate rest: 10:00pm-5:00am Sunday through Thursday and 11:00pm-5:00am on Friday and Saturday. Please maintain a quiet environment during these hours out of respect for others.
4. Residents will work together to maintain the cleanliness and orderliness of homes, yards, and ministry vehicles. New residents awaiting job placement will have the opportunity to help take care of what God has provided make a difference with JUMPSTART in various ways.
5. For everyone's well-being, the use of tobacco products is prohibited in any JUMPSTART house or vehicle.
6. Weapons are not allowed, except for pocketknives with blades shorter than 3 inches.
7. At JUMPSTART, we prioritize the well-being and safety of our participants, which is why we have a zero-tolerance policy for fighting, verbal threats, and illegal drug use. To ensure a positive, secure environment for everyone, we conduct random tests to uphold our commitment to fostering a supportive and nurturing space for personal growth and success.
8. To maintain harmonious relationships, borrowing or lending money between residents, staff, and mentors is not permitted. This policy helps to avoid misunderstandings, ensure fairness, and uphold a supportive and positive environment for everyone involved.
9. Embracing responsibility and being on time for work, meetings, and other appointments is essential for making the most of the opportunities that God provides in our lives. By being accountable for our actions and honoring commitments in a timely manner, we demonstrate our readiness to seize the blessings and growth experiences that come our way. In doing so, we not only show gratitude for the opportunities presented to us but set ourselves up to be all that God created us to be.
10. Attending weekly church services and engaging in regular meetings with your JUMPSTART mentor are vital aspects of the program. By actively participating in these activities, you show your willingness to embrace the opportunities and spiritual growth that God has in store for you.

11. After the thirty-day stabilization period, family members over 18 will be permitted in the JUMPSTART homes in the common areas. Hours of visitation are 12-3 pm on Saturdays and 2-5 pm on Sundays.
12. Residents will be able to have one travel pass each month. Weekend passes begin Fridays at 5:00 pm and extend through Sunday at 10:00 pm. The travel pass request form should be submitted at least one week in advance. Passes will only be considered if the resident is legally married to their spouse, the request is consistent with SCDPPPS conditions, and it is determined that the visit is beneficial to the resident.
13. After the thirty-day stabilization period residents may obtain a personal vehicle if their financial situation and their support system deems this is a responsible step in your reentry journey.
14. New installation of cable or satellite TV is prohibited on any JUMPSTART property.
15. Within two weeks of obtaining employment, residents should open both a savings and checking account at a bank or credit union. Residents are expected to deposit 10% or more of their weekly net income into their savings account to ensure they have adequate savings to transition from the ministry. Withdrawals from savings should be made only in true emergencies and in discussion with JUMPSTART staff.
16. Weekly budget sheets are to be completed by all participants detailing their income and expenses. Providing copies of your pay stubs and bank statements when asked is an important part of the JUMPSTART program. Living at JUMPSTART usually costs less than after you finish the program because kind donors help cover some of your living expenses. This helps you save money for a better future. When you save money and show that you can handle your finances well, it means you are growing and being responsible. Our goal is to support and help you stay on track so you can reach your highest potential and make God proud.
17. JUMPSTART employees, board members, and advisory members reserve the right to enter and inspect all properties at any time.
18. JUMPSTART reserves the right to use resident photographs and videos in marketing and ministry related media.
19. You will be assigned a Program Coach when you move to Phase 2. You must attend a weekly group meeting with your coach to review your Daily Journal. You will also be required to attend a monthly gathering with your group.
20. Please review the following pages which explain JUMPSTART'S Transportation Expectations for those who are going to need transportation to and from their necessary appointments once accepted into the program, as well as the program fee schedule. If you agree to abide by these expectations, please date, print, and sign this form, and include it along with the completed application.

## JUMPSTART Transportation Expectations

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- All Transportation requests should be sent via text to (888) 592-3017.
    - Please do not make requests directly to drivers.
    - If you must speak with Transportation immediately, call 888-403-3815, option 3.
  - All requests for transportation should be made at least 24 hours in advance.
  - Transportation requests will be acknowledged Monday – Friday, 8:00am to 5:00pm.
    - Make all transportation requests by 2:00pm of the preceding business day. If transportation is needed on Monday, then make the request by 2:00pm on Friday.
    - If a request for immediate transportation is made outside of these hours, the Participant should see if the House Manager can arrange for JUMPSTART transportation, but expect to seek and pay for their own transportation, such as Uber.
    - Do not contact the Transportation Coordinator to find out who your driver will be.
    - Please do not contact the Transportation Coordinator to find out where your driver is until the driver is 10 minutes late.
  - JUMPSTART will make every effort to accommodate a Participant’s need to be transported to appointments with doctors, counselors, employment agencies, etc. and to work and church; however, this is a privilege, not a right, and should not be abused.
  - Grocery shopping using JUMPSTART Transportation is done on Saturdays.
  - For all additional JUMPSTART Transportation requests, please contact your House Manager who will work with JUMPSTART’s Transportation Director to see what is available. Allow 24-48 hours (about 2 days) for follow-up.
    - Having Fun God’s Way is one of JUMPSTART’s Keys to Success. Transportation requests that build on this are encouraged, but approval should not be automatically assumed.
  - Basic JUMPSTART Transportation guidelines:
    - Permission to use JS vehicle up to **1,000 miles per month** to go places that Jesus would go with you.
    - You may offer to **purchase the vehicle** at our cost to replace it. We will consider payment plans on a case-by-case basis.
    - Obey all traffic rules and follow all PPP guidelines.
    - Participant is responsible for **fuel**.
    - Provide other participants who do not have a vehicle with a ride when possible and wise. You are being blessed to be a blessing...
    - When a Participant is asked to drive another JUMPSTART Participant, the two Participants are adults who can agree on a **fair split of the fuel costs**.
    - Keep the car **clean** and ensure **no one smokes** in the vehicle.
    - Cooperate with Director of Housing and Transportation to ensure **preventative maintenance** of vehicle is maintained
    - Respond with a **positive attitude** when you are asked to switch to another JS vehicle
- 

I have read and understood the Transportation Expectations.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Last Update 1/30/2025*

## PROGRAM FEES

Program fees are required after a resident obtains employment or other regular means of living, i.e., SSI and will be made online. Fees are due on Sunday before 9:00 pm.

### **Base Fees:**

\$160 weekly, effective March 7th, 2025.

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Printed Name (Resident)

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Date

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Signature

# JUMPSTART APPLICATION FOR RESIDENCE

(PRINT LEGIBLY)

## SECTION I

SCDC #: \_\_\_\_\_ CURRENT LOCTION (Including Room Number): \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Last Permanent Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ # of Children: \_\_\_\_\_

Person to notify in case of Emergency: \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Address: \_\_\_\_\_

## SECTION II

Reason(s) you are applying for residency: \_\_\_\_\_

How long are you planning to stay at JUMPSTART, if approved: \_\_\_\_\_  
\_\_\_\_\_

Locations that have been dangerous for you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many different times have you been incarcerated? \_\_\_\_\_

Were you convicted of a drug-related felony that occurred after August 22, 1996? \_\_\_\_\_

Have you served in the Military? \_\_\_\_\_

Branch

Dates

Type of Discharge

**SECTION III**

**Employment History** (Employer, start/end dates, job title; list most recent first):

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

**Education** (Circle highest grade completed; if college, list degree type and area of study)

Elementary      Middle      High School/GED      College/Tech. School      Graduate School  
1 2 3 4 5 | 6 7 8 | 9 10 11 12 GED | 13 14 15 16 | Masters/Doctorate

Describe College: \_\_\_\_\_

Other Special Skills/Training/Certifications: \_\_\_\_\_

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

**Supervision after Release:** (Circle all that apply)

Parole    Probation    Community Supervision    Furlough    Sex Offender Registry    GPS

Any Current Warrants (list County and Offense): \_\_\_\_\_

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

**Medical and/or Psychological Conditions:**

- 1. \_\_\_\_\_ Do you take medicine for this? \_\_\_\_\_
- 2. \_\_\_\_\_ Do you take medicine for this? \_\_\_\_\_
- 3. \_\_\_\_\_ Do you take medicine for this? \_\_\_\_\_
- 4. \_\_\_\_\_ Do you take medicine for this? \_\_\_\_\_
- 5. \_\_\_\_\_ Do you take medicine for this? \_\_\_\_\_

Give a History of Dependencies (alcohol/drugs, etc.): \_\_\_\_\_

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

Future Goals (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should JUMPSTART approve your request for housing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All statements I have made in this application are true to the best of my knowledge, and I understand that any false statements will result in automatic dismissal. **I agree that if I decide to not enter transitional housing upon my release, that I will notify JUMPSTART in writing at least 180 days prior to my release.**

Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommending Volunteer Signature: \_\_\_\_\_

Recommending Chaplain Signature: \_\_\_\_\_

**Upon Completion, Mail to: P.O. Box 1050, Spartanburg, S.C. 29304**

**JUMPSTART Staff Only**

Participants Folder Color: \_\_\_\_\_ Institution Received at: \_\_\_\_\_

Approval by Inside Program Director: (Yes/No) \_\_\_\_\_

Approval for housing: (Yes/No) \_\_\_\_\_

Date Approval/Disapproval letter mailed: \_\_\_\_\_

# JUMPSTART EMPLOYMENT APPLICATION

## WHERE WERE YOU?

Name: \_\_\_\_\_ SCDC # \_\_\_\_\_ Room/ Bed: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**Where were you working, going to school, in the military or locked up:**

If you were in school, list the name of the school, city, state and last year attended. If you were working, list the employer's name, your job title, city, state. If you were locked up, list the duties you performed in the prison/jail and city, state

Print Clearly – Fill in Each Line  
 Do Not Use Quote Marks ("" ) Do Not Use Arrows (↕)  
 Do Not Leave Any Blanks on This Page

Year	Employer Name /School /Military/Locked Up	City – State	Job Title
2026			
2025			
2024			
2023			
2022			
2021			
2020			
2019			
2018			
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt / Box / Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_

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

Are you eligible to work in the United States? Yes No

Do you have transportation to get to work? Yes No

Do you have a valid driver's license? Yes No

Are you Bondable? Yes No

Have you been convicted of a crime? Yes No\_

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

\_\_\_\_\_

**POSITION(S) / AVAILABILITY**

Position(s) Applied For \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**EDUCATION**

Name of School	City	State	Last Year Attended	Degree*

\*Certificate / GED / Diploma / Degree / Work Keys / Other

**SKILLS / QUALIFICATIONS / LICENSES / AWARDS / CERTIFICATES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Give a person a job;  
you have them work for today.  
Teach a person to find a job;  
and they can work for a lifetime.*

**EMPLOYMENT HISTORY**

**Most Recent Position / Job:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Previous Position:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Previous Position:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Previous Position:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Previous Position:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**Previous Position:** Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

City / State: \_\_\_\_\_

Position Name / Title: \_\_\_\_\_

Responsibilities: (Be Specific / What did you do on the job?)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# JUMPSTART HEALTH INFORMATION RELEASE FORM

*Please Print*

Name:

_____	_____	_____
(Last)	(First)	(Middle)
_____	_____	_____
SCDC #	Date of Birth	Last 4 Digits Social Security #

I authorize the **South Carolina Department of Corrections** to release my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse) to:

Access Health Spartanburg  
358 Serpentine Dr.  
Spartanburg, SC 29303  
(864) 560-0190

St. Luke's Free Medical Clinic  
Address: 162 N Dean St.  
Spartanburg, SC 29302  
(864) 542-2273

JUMPSTART  
P.O. Box 1050.  
Spartanburg, SC 29304  
(888) 403-3815 x2

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_