

# Stepping Stones Ministries, Incorporated

## \*\* Admission Application Form \*\*

*(Must be age 18 to enroll without parent signature)*

Fill in and sign this form with the service provider you have chosen and who has agreed to support you. The completed form should be returned to the director of Stepping Stones Ministries, Incorporated.

### Your Details *(the person attending the program)*

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of your preferred Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Service Provider Details:

Service Provider Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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### Program Types:

- Security and Safety Program** which provides training in full-line security services installation including alarms, closed circuit television and controlled access systems
- Life Skills Training Program** that provides training in prevention of youth pregnancies, safer home life environments, drug education, healthy lifestyles, peer pressure, and physical activities.
- Self-development Courses** in decision making, confidence building, effective communication, Etiquette 101, self-esteem, lifetime wellness and other empowerment activities.
- Educational Courses** in financial planning and budgeting, Dressing for Success, The Job Interview Process, employment opportunities, and more.

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Service Provider \_\_\_\_\_ Date: \_\_\_\_\_

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