

**STATE OF OHIO
EX-OFFENDER REENTRY COALITION
MEMBERSHIP AT-LARGE APPLICATION**

If you need more space to answer any question or explain any of your answers, please use additional sheets. This information MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate.

• PLEASE ATTACH RESUME OR SHORT BIOGRAPHY •

Full Name: _____

Residence Address: _____

County of Residence: _____ Length of Residence in Ohio: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (Home): _____ (Cell): _____ (Business): _____

E-Mail Address: _____

Current Business/Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Please specify your preferred mailing address: Business: _____ Residence: _____

Are you a United States Citizen? If no, please state immigration status: _____

Do you currently have a Local Reentry Coalition in your area? If yes, please identify:

Please list the two Statutory Members and their agencies endorsing your membership in the Reentry Coalition. Please attach supporting documentation:

Are you a member of your Local Reentry Coalition? If yes, please identify your role:

Please identify if you are currently a lobbyist or "legislative agent: as defined in the Ohio Revised Code section 101.70 or "executive agency lobbyist" as defined in Ohio Rev. Code section 121.60.

Do you have, or have you had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed membership? If yes, please identify:

I, _____, certify that all of the answers and statements on this form are true, complete and correct to the best of my knowledge and recollection and are made in good faith

Signature of Applicant