O·A·R
Established 1971
BREAKING THE CYCLE OF CRIME WITH OPPORTUNITIES, ALTERNATIVES, AND RESOURCES

Family Member Registration Form

Today's Date (MM-DD-YY)

Registration Location: Fairfax | Loudoun | Prince William

Last Name | **First Name** | **MI**

Street Address | **Apt. #**

City | **State** | **Zip Code**

Primary Phone | **Work Phone**

Cell / Other Phone | **Gender**: Male | Female

Email Address

1. Previous or current incarceration of a loved one makes you eligible for consideration for OAR services.

2. OAR reserves the right to refuse services if you are disruptive, disrespectful, uncooperative, use profanity, and/or are untruthful or you appear to be under the influence of alcohol or illegal drugs.

3. Every reasonable effort will be made to maintain confidentiality about all aspects of your participation in OAR programs. The information you provide to OAR is intended to allow staff members to assist you and/or your family and will not be shared with others except as indicated on OAR's Consent to Exchange and Release Information form.

4. I fully understand that staff members and/or volunteers are not permitted to be involved in legal activities; therefore, I agree not to request participation by staff members or volunteers in matters relating to a legal situation, including appearing as a witness on my behalf or on behalf of my loved one.

The information I have provided to OAR is true to the best of my knowledge. I have read, or have had read to me, this agreement and I fully understand what it says.

Client Signature _____ Date _____

OAR Staff Signature _____ Date _____

Witness Signature _____ Date _____

(A witness is recommended if this form must be read aloud to the client signing.)

Revised 8/17/18