

Walking the Yard Application

Last name _____ First name _____ CDC# _____

Institution _____ Cell# _____ POB _____ City, State and zip Code _____

What was your age at the time arrested _____ What was your sentence _____

What was your commitment date _____ What is your MEPD _____

Briefly state reason(s) for wanting to become a WTY Peer Mentor: _____

Date of last 128 or 115 _____ Reason _____

Please provide us with someone willing to support your efforts at parole.

Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone or Cell Phone # _____

Email Address _____

Please return this form to: Mark Cofield
Fair Chance Project WTY
6109 So. Western Ave. # 100
Los Angeles, CA 90047