

SUPPORTING FAMILIES OF OFFENDERS

In an effort to provide family members of local inmates access to affordable shelter while visiting a loved-one who is incarcerated, Volunteers of America has rooms available at the Days Inn, located near Airway Heights Corrections Center and Pine Lodge, at a reduced rate. If you are interested in using one of these rooms, please:

- 1. read the Rules of Conduct Agreement*
- 2. Fill out the application form*
- 3. And mail it to the address provided **with your payment.***

Once your application has been processed, you will be contacted with confirmation that the reservations have been made, subject to availability. For more information, please call 509.624.2378.

RULES OF CONDUCT AGREEMENT

- Applicants agree to mail their reservation fee with the application at least two weeks in advance of the date(s) requested.
- Applicants understand that they must be on an approved visitor's list for the offender they are visiting prior to their reservation request being submitted.
- Applicants agree to not use the reduced rate shelter program more than one weekend in a four-week period.
- Applicants will adhere to all motel policies and will be responsible for any charges or damages incurred to a room they have used.
- Applicants agree to permit Volunteers of America the right to exchange information with the Days Inn management in order to confirm reservations.
- Applicants understand that their reservation fee will be forfeited if they do not use the room on the weekend it has been reserved, unless cancelled in a timely manner.
- Applicants who violate the rules of conduct will not be able to utilize the reduced-rate shelter program further.

APPLICATION FOR REDUCED RATE SHELTER

Today's Date: _____ Name: _____

Mailing Address: _____
PO Box or Street Address City State Zip Code

Phone Number: _____ This number is my: home work cell message service

Offenders Name: _____ DOC #: _____

Your Relationship to Offender: _____

Facility Where Offender is Incarcerated: _____

Reservation Date(s) Requested: _____

Number of Family Members Needing Shelter: _____

Number of Nights Requesting Shelter: _____ x \$20 per room = \$ _____ Total Enclosed

PLEASE READ AND SIGN THE FOLLOWING

I have read and agree to abide by the Rules of Conduct, and I have filled out this application honestly and to the best of my ability.

Signature of Applicant: _____

SEND FORM & PAYMENT

Mail this form and a money order* or cashier's check* for the total amount of the reduced-rate cost to:

Volunteers of America
Attn: Reduced-Rate Shelter
525 W 2nd Ave.
Spokane, WA, 99201

**No cash or personal checks will be accepted*