

PRISON VOLUNTEER APPLICATION

Multi-Prison



Crusade

Nov. 30 - Dec. 5, 2011

based in Marianna, FL

1. CHURCH & REFERENCES

HOME CHURCH _____ MEMBER? _____
DENOMINATION _____
PASTOR NAME _____ PHONE # _____
REFERENCE _____ PHONE # _____

2. PRISON PREFERENCE Please Mark first and second placement options by marking with a 1 or 2

- | | |
|--|---|
| <input type="checkbox"/> APALACHEE C.I. EAST (men) | <input type="checkbox"/> JACKSON C.I. (men) |
| <input type="checkbox"/> APALACHEE C.I. WEST (men) | <input type="checkbox"/> LIBERTY C.I. (men) |
| <input type="checkbox"/> CALHOUN C.I. (men) | <input type="checkbox"/> GADSDEN C.I. (women) |

3. EXPENSE/LODGING

We ask that payment for volunteer expenses listed below be included when application is submitted.

We will be able to make motel reservations and submit your name to the prison when we have your application and payment for expenses. Refunds are available for cancellations made before deadline. Since the number of persons per room is a major factor in cost determination, the fee schedule is listed with the reservation request below.

NOTE: FEES ARE NOT TAX-DEDUCTIBLE GIFTS.

HOTEL LODGING

Prices are per person

- | | |
|---|------------|
| <input type="checkbox"/> 4 persons per motel room | \$ 150.00* |
| <input type="checkbox"/> 3 persons per motel room | \$ 175.00* |
| <input type="checkbox"/> 2 persons per motel room | \$ 225.00* |
| <input type="checkbox"/> 1 person per motel room | \$ 375.00* |

LOCAL LODGING

- | | |
|--|-----------|
| <input type="checkbox"/> Local volunteer application fee | \$ 50.00* |
|--|-----------|

*Apart from lodging, cost includes 2 meals, orientation, and evangelism/discipleship materials.

Roommates Requested

(optional)

First-Time Volunteer

- I am enclosing an additional \$ _____ to be used towards uncovered general crusade expenses and the follow-up discipleship seminars.

**Any additional giving is totally voluntary on your part. We know you are already making a great financial sacrifice to participate...thank-you! We are trying to keep the registration/lodging rates reasonable, however it requires additional fundraising to meet all the crusade expenses without putting our operating budget in the red.*

NOTICE: Your payment will guarantee your room reservation and application process.

Please note that you owe the \$50 application fee ONLY if you do not need lodging.

RETURN APPLICATION TO GOSPEL EXPRESS BY NOVEMBER 1, 2011

PO BOX 217, LYNN, NC 28750 828-859-7003 FAX: 828-859-7013



FLORIDA DEPARTMENT OF CORRECTIONS
VOLUNTEER APPLICATION

Personal Information

Name: Last First Middle Maiden
Address: City State ZIP Code
Telephone #1 Telephone #2 E-Mail Address

Volunteer Group Name:

Security Clearance Information

Social Security #: Date of Birth:

Race/Ethnic Origin: Gender: Male Female

Drivers License #: DL State:

1. Have you ever been arrested on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

2. Have you ever been convicted on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

3. Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the
visitation list of anyone incarcerated? Yes No
If yes, give the inmate's name, DC#, and your relationship to the inmate.
Name: DC#: Relationship:

4. Have you ever worked for the Florida Department of Corrections? Yes No
If yes, please indicate where and when you were employed.

5. Do you have any relatives working for the Department of Corrections? Yes No
If yes, provide: Name:
Relationship: Work Location:

In case of emergency notify: Name (area code + number)

- Qualified applicants are considered without discrimination based upon race, color, national origin, age religious preference, or handicap.
Intentionally falsifying or omitting information may result in disapproval of your volunteer application.

I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature Printed Name Date

DC5-601A (Revised 2/08)

In accordance with s. 119.071(5)(a)2, your social security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social security number collected for any purpose other than the purpose provided above.