

Forgiven Ministry Volunteer Application

Phone: 828-632-6424 Toll Free # 866-900-4GOD

Camp Date & Location

Fax: 828-632-6434

Please write clearly.

Name: (as on license): _____

Name: (preferred on name tag): _____

Address: (Please include city, state and zip code)

Phone: (Home): _____ (Work): _____

Date of Birth: _____ **Driver's License:** _____

Social Security # _____

Email: _____ **Gender:** Male Female

Shirt Size: (Please circle):

S M L XL 2XL 3XL 4XL Other: _____

1st Time Volunteer in a Correctional Facility: Yes No

Have you ever been convicted of a crime? Yes No

Have you attended a "One Day with God" Camp Training: _____

Area of Volunteer Service that I would prefer: (please check)

Child Mentor: _____ **Parking/Transportation:** _____

Prison Food Team: _____ **Caregiver Volunteer:** _____

Craft Team: _____ **Floaters:** _____

Music: _____ **Face Painters:** _____

Registration: _____ **Sponsor a Child: \$** _____

Photographer: _____ **Deaf Interpreter:** _____

Games: _____ **Spanish Interpreter:** _____

Mailbox Club: _____ **Caregiver Food Team:** _____

Artist: _____ **Prayer Team:** _____