

Forgiven Ministry Volunteer Application

Prison Name: _____ **Date:** _____

Phone: 828-632-6424 Toll Free # 866-584-7534

Fax: 828-632-6434

Please write clearly and fill in completely.

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 # _____ **Race:** _____

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: _____ **Yes No**

Do you have a "One Day with God" T-shirt? _____ **Yes No**

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

If you check more than one, please put a 1 beside first preference, 2 beside second, etc.

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

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

Craft Team: _____ **Floater:** _____

Music: _____ **Face Painters:** _____

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

Photographer: _____ **Deaf Interpreter:** _____

Games: _____ **Spanish Interpreter:** _____

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

Artist: _____ **Prayer Team:** _____

Nurse: _____

I consent to having pictures made during the camp that include me serving as a volunteer: **Yes NO**

If the area of your preference has been filled, would you be willing to serve in another area? _____ Yes

_____ No, I only feel comfortable in this area.

Please mail or fax to: **Forgiven Ministry, Inc.**
PO Box 117
Taylorsville, NC 28681

Fax: 828.632.6434
Phone: 828.632.6424