

Volunteer Application

Our Policy

Kingsway Prison and Family Outreach is a Christian non-profit, volunteer organization. We expect our volunteers to work together in Christian fellowship and follow the appropriate rules for the situations that arise and any events or in prison programs.

Contact Information			
Name			
Date Of Birth			
Street Address			
City State ZIP Code			
Home Phone			
Cell Phone			
Work Phone			
Email Address			
What church do you attend?			
Address			
Pastor's Name			
Availability			
During which hours are you a	available for volunteer assignments	s?	
W	eekday mornings	-	_Weekend mornings
Weekday afternoons		-	_Weekend afternoons
		-	_Weekend evenings
Interests			
Tell us in which areas you are	e interested in volunteering:		
Inside Prison Mento	oring Corresponding _	Fundraising	Office Help/Support
Special Skills or Qualific	ations		
	qualifications you have acquired f bies or sports, languages spoker		s volunteer work, or through

Previous Volunteer Exper	ience
Summarize your previous volu	inteer experience.
Why have you chosen to volur	nteer with Kingsway Outreach Prison Ministry?
Person to Notify in Case of	of Emergency
Name	
Street Address	
City State ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
Email Address	
By signing below. I agree to	o read, to support, and to follow the Mission Statement, the Vision Statement, and
	e Kingsway Prison and Family Outreach Ministry. (These documents are available from the office.)
Your Name (printed)	
rodi rtamo (printod)	
Signature	

Thank you for completing this application form and for your interest in volunteering with us.

Please send completed application form to:

Kingsway Prison and Family Outreach
PO Box 2335
Harrisonburg, VA 22801

Or email it to: info@kingswayoutreach.org