



# 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 \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Availability

During which hours are you available for volunteer assignments?

_____ - _____ Weekday mornings	_____ - _____ Weekend mornings
_____ - _____ Weekday afternoons	_____ - _____ Weekend afternoons
_____ - _____ Weekday evenings	_____ - _____ Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering:

Inside Prison \_\_\_\_\_ Mentoring \_\_\_\_\_ Corresponding \_\_\_\_\_ Fundraising \_\_\_\_\_

## Special Skills or Qualifications

What church do you attend? \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (i.e., **Language other than English!**)

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**Previous Volunteer Experience**

Summarize your previous volunteer experience.

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Why have you chosen Prison Ministry?

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**Person to Notify in Case of Emergency**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City | State | ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Send completed form to:

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

**Or email to: [info@kingswayoutreach.org](mailto:info@kingswayoutreach.org)**