Hebrews 13:3 Prison Ministry   Date_____
P.O. Box 1333
Bonita, CA 91908
619-434-8585

Volunteer Application

The following questions are designed to give us information about who you are and where you would like to serve.

PERSONAL INFORMATION

☐ Male   ☐Female   Age ____   DOB ___/____/____

Name _____

Address_____   _____ _____
                    Street   City   Zip
Phone (   ) _____   (   )_____
                    Cell   Home
Email _____

Marital Status _____   Name of Spouse _____

Where are you employed? _____

What type of work do you do? _____

What church do you attend? _____ Since? _____

Are you attending a weekly Bible Study Group? ☐Yes ☐No   ☐If yes, who is your facilitator?

_____   (   ) _____

Are you serving in any Ministry? _____

Are you affected by a loved one being incarcerated? _____

Are you Musically inclined, what instrument do you play? _____

BACKGROUND INFORMATION

Have you ever been convicted of or pleaded guilty to a crime or felony?

Have you ever done time in jail or prison? ☐ YES   ☐   NO

If yes, please explain: _____

Why do you want to join the Prison Ministry? _____

_____

_____

What are your spiritual gifts? _____

_____

Briefly write your Christian testimony (including the year you received Jesus as your savior.)
_____

_____
_____

_____

_____

_____

Describe your spiritual walk with God at the present time. _____

_____

_____

_____

_____

Are you willing to commit to 1-year of service? ☐Yes ☐No

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character. In consideration of the receipt and evaluation of this application by Hebrews 13:3 Ministry, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Signature:_____ Date: _____/_____/____