

## Forgiven Ministry Volunteer Application

**Prison Name: Orange Correctional, Chapel Hill, NC    Date: 8/8/09**

**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:** \_\_\_\_\_

**1<sup>st</sup> 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:** \_\_\_\_\_

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

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