



# InnerFaith Prison Ministry, Inc.

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## 2017 Volunteer Application Form

### PERSONAL INFORMATION

PRINT FULL NAME:

Nickname:

T-Shirt Size: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Place of Employment:

Position:

Church I attend:

City:

Pastors Name:

I've been saved for \_\_\_\_\_ years

Best Way to Contact you:  Home Phone  Cell Phone  Email  Text  Mail

### CHRISTIAN TESTIMONY

I heard about InnerFaith from:

God has delivered me from:

I am currently serving God by:

My future Goals with the Lord are to:

**PROCESSING FEES** are \$25 per Revival and are **NON-REFUNDABLE** (These fees are waived w/ paid membership)

**HOTEL FEES** are **NON REFUNDABLE** 2 weeks prior to revival. (Please check the appropriate box below)

4 to a Room: \$30.00/night  3 to a Room: \$40.00/night  2 to a Room: \$60.00/night  1 to a Room: \$120.00/night

Charge my revival fees on Credit/Debit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ - \_\_\_\_\_ Security # \_\_\_\_\_

The Prisons I would like to minister and/or do revivals at are: \_\_\_\_\_

**Please Note: All fees and Prices are minimum suggested donations and are tax deductible.**

### VOLUNTEER MEDIA/PHOTO/LIABILITY FORM

I, by signing this application/liability form do hereby acknowledging that I have or will have received training from InnerFaith Prison Ministry on the policies and procedures for volunteer work at the prisons, especially policies regarding confidentiality, hostage situation and information on sexual misconduct and sexual harassment. I agree to abide by all rules, regulations and policies that have been established by the Department of Public Safety and corrections; as well as those of InnerFaith Prison Ministry. If I do not understand any regulation or policy, I will not enter the prison facility until I have proper clarification. In the event of a rule violation, my ignorance of policies and procedures will not be an acceptable excuse. As a volunteer I do fully understand, accept, and acknowledge that I am fully responsible for any and all injuries or accidents which may/can occur to my persons or possessions during my work as a volunteer at a prison facility. I through my own choice and decision agree to participate with the ministry and activities of InnerFaith. I do understand and acknowledge that because I will be inside a prison facility-some of the risks involved are/could be more severe, such as/ but not limited to: sports injuries (should I choose to participate) running, slipping, bodily injury from an inmate/volunteer, slander, stolen identity, being held hostage, etc. I choose to participate in these activities and volunteer in spite of the very real and possible risks involved. I also do understand that I will be photographed and/or videoed and these may be used for promotional purposes throughout the state of Louisiana and possibly other states as well. I do willingly and knowingly release InnerFaith Prison Ministry, the Prison Institution, any and all of their staff and/or volunteers from any liabilities that may occur such as death, accident, sickness, law suits, mental anguish, and all other injuries which may/could occur now or later as a result of my participating as a volunteer, being photographed/videoed, or attending, transporting to/from, and/or participating in or around any/all activities at this event. I am also aware that in the course of my work as a volunteer at any prison facility, I may receive information of a confidential nature. Therefore, I agree, that I will not disclose any confidential information, or matters pertaining to the security of the prison, to any person or entity. I will, to the best of my ability, uphold a High and Godly standard of Christian conduct at all times while at the prison facility. Further, I am aware of the fact that any violation of these rules, regulations and/or policies may result in the suspension of my participation as a volunteer. I am also aware that any violation may/can cause the partial or complete discontinuation of the ministry of which I am a part.

I do understand that this agreement form shall/will be legally binding. By signing below, I state that I have been made fully aware of all the risks involved and I do fully understand and agree to the written terms of this volunteer media, photo and release form. I also do fully comprehend what these terms mean.

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**Have you ever been arrested?** \_\_\_\_\_ **Have you ever had any sexual misconduct charges?** \_\_\_\_\_

**MY SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/2017

**RETURN THIS FORM TO INNERFAITH PRISON MINISTRY DO NOT MAIL TO DEPT. OF CORRECTIONS**

**For Office Use Only:** Date Entered: \_\_\_\_\_ Form Completed: \_\_\_Yes \_\_\_No Volunteer Trained: \_\_\_Yes \_\_\_No

**Scheduled Training Only:** Date: \_\_\_\_\_ Place: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Time: \_\_\_\_\_

## Volunteer Registration and Agreement

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now or have you ever been on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the questions above, please explain (include charge, when, where, DOC number, parole or Probation officer's name): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aliases: \_\_\_\_\_

Are you related by blood or marriage to any offender housed in a DPS & C facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, whom? (Name, DOC # and location of offender): \_\_\_\_\_

Are you on the approved visiting/phone list of any offender housed in a DPS & C facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, (Name, DOC #, and location of offender): \_\_\_\_\_

Have you or any member of your family been the victim of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the crime? \_\_\_\_\_ Where is/was the offender

Incarcerated? \_\_\_\_\_

Have you ever been removed from service at this or any other state or local facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

Are you currently a volunteer at any other state or local facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_

Sponsoring Organization: InnerFaith Prison Ministry, Inc.

Contact Person: Russell or Christine Roseberry Phone Number: 337-232-1060 or 337-344-0378

**NOTE: This form must be submitted to EACH institution where the volunteer desires to serve. The Volunteer must be approved by EACH institution prior to service.**

As a volunteer with the Department of Public Safety and Corrections (DPS &C), I hereby agree to abide by all Policies, procedures, rules and regulations in the conduct of my activity. I will cooperatively serve at the Discretion of the Unit Head. I understand that I am required to attend an orientation session and other training that may be necessary in order to be made aware of the policies, procedures, rules and regulations of the DPS & C, especially policies regarding confidentiality, hostage situations and information on sexual assault and Sexual misconduct. I also understand that any falsification of the above information, failure to comply with the Policies, procedures, rules and regulations could result in my termination as a volunteer and may result in my arrest.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**Result of Criminal History Check:**

Volunteer Approved: \_\_\_\_\_

Volunteer Not Approved: \_\_\_\_\_

Checked By: \_\_\_\_\_

**INSTITUTIONS WHERE VOLUNTEER DESIRES TO SERVE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_