



InnerFaith Prison Ministry, Inc.

2020

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VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

PRINT FULL NAME _____ Nick-Name: _____

T-Shirt Size: _____ Marital Status: _____ Employment: _____ Position: _____

My Address: _____ Date of Birth: ____/____/____ Sex: ____ Race: _____
 City: _____ State: ____ Zip: _____ Social Security # _____ Dr Lic.# _____
MUST FILL OUT ALL INFORMATION FOR CLEARANCE-NOT OPTIONAL

Cell Phone# _____ - _____ - _____ Home Phone# _____ - _____ - _____ E-Mail: _____

CHRISTIAN TESTIMONY

I heard about InnerFaith from: _____ Church I attend: _____
 I am currently serving God by: _____ Pastors Name: _____
 God has delivered me from: _____ Church address: _____ City: _____
 My future Goals for Christ: _____ I have been saved/serving Christ for _____ years.

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

HOTEL FEES will be **NON- REFUNDABLE** 2 weeks prior to revival. (Please check rooming preference in the 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: _____

I would like you to keep my credit/debit card on file to use for all revivals and InnerFaith/Little Lambs events I choose to attend
 I understand that I will be notified and ask prior to being charged and that all information is stored in a secured accounting program

VOLUNTEER LIABILITY RELEASE FORM

I _____ by signing this application/form do hereby state all information stated is truthful and I also do hereby acknowledge/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, 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 may be photographed/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/later as a result of my participating as a volunteer, being photographed/videoed, attending/transporting to/from, and/or participating in or around any/all activities at this event. 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 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 liability release. I also state by signing that I fully comprehend what these terms mean.

MY SIGNATURE: stacyguillory **DATE:** / /2020

Have you ever been arrested? ____ **If Yes, Charge?** _____ **Year?** ____ **DOC#** _____

Have you ever had any sexual misconduct charges? _____ **Are you now/or ever been/on parole?** _____

If yes, list when, where & parole/probation officers name: _____

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

Volunteer Orientation Training Evaluation

Trainers: _____

Assessment of training (please check one)

The amount of time for training was: _____ Sufficient _____ Almost _____ Not at All
 My expectations were met: _____ Completely _____ Almost _____ Not at All
 The Trainer was organized, informed and professional: _____ Yes _____ Mostly _____ Not at All
 I felt I was adequately trained and prepared: _____ Absolutely _____ Maybe _____ Not at All

Comments

What did you like most about the training? _____
 The training could be improved by: _____
 What topics do you feel need to be addressed by the training staff: _____
 Additional Remarks: _____

Please Note: If you had a question that you feel was not answered during training, or if you need clarification concerning any of the rules and would like to speak to one of the staff, or if you had a question you did not want to ask in front of the class please write it on the line below and someone will call you ASAP. _____

Printed Name: _____ Signature: _____ Date: _____

You MUST print and sign your name for liability purposes. Thank you.

Training Date

PREA FORM

Form C-01-022-C
 30 April 2015

Louisiana Department of Public Safety and Corrections Sexual Assault and Sexual Misconduct with Offenders Volunteer, Intern and Contractor Acknowledgement

Any sexual activity or relations or attempted sexual activity or relations between a volunteer, intern or contractor and or an offender are expressly forbidden. Any violation will result in disbarment from the unit and may include the filing of criminal charges as warranted.

I have read and understand the above.

 Name (Print)

Christine Roseberry
 Witness (Print)

 Signature

Christine Roseberry
 Witness Signature

 Date

 Date

For Office Use Only:	Date Entered: _____	Form Completed: ___Yes ___No	Volunteer Trained: ___Yes ___No
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