

YOKEFELLOWSHIP PRISON MINISTRY Volunteer Application



A . I. I			Male/Female (circle one)
Address: Alternate Phone:			
Marital Status:SingleMarried	-		
Trade/Profession/Occupation/Work:			
Have you ever worked with inmates or ex-offenders?	? Yes No	If Yes, describe	9:
Other Ministry/Volunteer Experience:			
Former Incarcerations?YesNo If ye	es, describe charges/or	utcome:	
Languages, other than English, that you speak fluen	ntly:		
Church Affiliation:			
Address:		St	Zip
How long have you attended this church?	How lo	ng have you been	a Christian?
Pastor's Name:			
Education - highest grade or degree completed:			
Why do you want to become a Yokefellowship volun	iteer?		
In which area(s) would you like to volunteer? Direct Ministry:In Prison Re-Entry Af	tercare Small Gro	oup Facilitator	
In-Direct Ministry: Administrative Inmate I	Pen Pal Office W	ork Speaking	g/PublicityFundraising
Other (be specific):			
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Note: When volunteering in a prison or jail, the institution background check may be required in order to volunteer in		-	-
background check may be required in order to volunteer in References: (Two required in addition to the Pas	n that facility. But, succe	-	-
References: (Two required in addition to the Pas Name	n that facility. But, succe stor listed above) Name	ssful ex-offenders a	re welcomed into this ministry
background check may be required in order to volunteer in References: (Two required in addition to the Pas	n that facility. But, succestor listed above) Name Address City	ssful ex-offenders a	re welcomed into this ministry St Zip
References: (Two required in addition to the Pas Name Address St Zip Alt Ph	stor listed above) Name Address City Ph	ssful ex-offenders a	re welcomed into this ministry St Zip
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References: (Two required in addition to the Pas Name Address St Zip Ph Alt Ph Alt Ph	stor listed above) Name Address City Ph Email	ssful ex-offenders a	re welcomed into this ministry St Zip
References: (Two required in order to volunteer in Name Address St Zip Ph Alt Ph Email	stor listed above) Name Address City Ph Email Relationship	ssful ex-offenders a	StZip

Submit application to local Area Council. For contact info, call or email 724-672-0545 or info@yokefellowship.net **Central Office** – PO Box 121, Penn PA 15675 www.yokefellowship.net