

**FORGIVEN MINISTRY VOLUNTEER APPLICATION**

One Day with God Camp Date:     /     /                      Prison Name:

First Name (exactly as on photo ID) :
Middle Name (exactly as on photo ID) :
Last Name (exactly as on photo ID) :
Preferred First Name (for nametag) :
Have you attended volunteer training?

**If you have previously completed a volunteer application, only complete information below that should be updated or changed**

Street Address (Residence)		
City	State	Zip
Mailing Address (if different)		
City	State	Zip
Preferred email address		
Alternate email address		
Mobile Phone (     )	Other phone (     )	
Home Phone (     )	Please circle preferred phone we can call.	
Driver's License number:	Driver's License Issued by (State) :	
Date of Birth (MM/DD/YYYY) :	Gender:	
Social Security Number:     --     --	Race:	

Area of volunteer service I would prefer *(Rank in order of preference 1 beside first preference, etc.)*

Child Mentor	Registration	Photographer
Prayer Team	Craft Team	Nurse
Prison Food Team	Music and/or Artist	Deaf Interpreter
Floater/Where Needed	Games	Spanish Interpreter
Caregiver Volunteer	Face Painter	Parking/transportation

Have you ever been convicted of a crime? (Yes or No)

Do you have a "One Day with God" T-Shirt? (Yes or No)

If you do not have a shirt, please identify shirt size

Small	X-Large	4-XL
Medium	2-XL	5-XL
Large	3-XL	6-XL

Please email, mail or fax to:	Forgiven Ministry, Inc. PO Box 117 Taylorsville, NC 28681	forgivenministry@vol.com Phone: (828) 632-6424 Fax: (828) 632-6434
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