

**Diocese of Lansing
PRISONER PEN PAL PROGRAM
VOLUNTEER APPLICATION**

Date of Application: _____

Name: _____

Birth Date: _____

Address: _____

Phone (day): _____

Phone (evening): _____

E-Mail Address: _____

Catholic _____ Protestant _____ Other _____

Religious: _____ Single: _____ Married: _____

Spouses Name: _____

Name of Parish: _____

Address: _____

Number of years at parish: _____

Male: _____ Female: _____

Career/Occupation: _____

Employer: _____

Reasons for Wanting to Be a Pen Pal:

I, the undersigned, am at least 18 years old; have carefully read and understand the Prisoner Pen Pal Program guidelines; and can endorse the program's philosophy wholeheartedly.

Applicant Signature: _____

Mail completed application to: Prisoner Pen Pal Program, Restorative Justice Ministry, 228 N. Walnut Street, Lansing MI 48933