



DIOCESE OF LANSING
MICHIGAN

Diocese of Lansing
PRISONER OUTREACH PROGRAM
VOLUNTEER APPLICATION

Date: _____

Name : _____

Address: _____

Phone: _____ Email: _____

Year of Birth _____

Religion you practice _____

Single _____ Married _____ Widowed _____

Spouse's Name _____

Your Parish/Church _____

Address: _____

Number of Years at Parish/Church: _____

Career/Occupation _____

Employer: _____

Reasons for wanting to be a volunteer to this ministry.

HAVE YOU READ THE GUIDELINES FOR VOLUNTEERS AND PRISONERS? _____

I, the undersigned, am at least 21 years of age and have carefully read and understand the Prisoner Outreach Program guidelines for myself and the prisoner; and can endorse the program's philosophy wholeheartedly.

Applicant's Signature: _____

Please mail to: Prisoner Outreach Ministry, Diocese of Lansing, 228 N. Walnut St, Lansing MI 48933
If you have any questions please email penpalmin@dioceseoflansing.org . Thank you!