



DIOCESE OF LANSING  
MICHIGAN

Diocese of Lansing  
PRISONER OUTREACH PROGRAM  
VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Year of Birth \_\_\_\_\_

Single  Married  Widowed  Divorced

Spouse's Name, if applicable \_\_\_\_\_

Your Religion \_\_\_\_\_

Name of Church you Attend \_\_\_\_\_

Church's Address: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Please share with us why you want to volunteer for this ministry.

By signing this form I certify that (1) I have read, understand, and will abide by the Prison Pen Pal Program guidelines for volunteers and prisoners; (2) I have read the guidelines for volunteers and prisoners; (3) I support the program's philosophy; and, (4) I understand that failure to abide by the program guidelines may result in my removal from the program.

Applicant's Signature: \_\_\_\_\_

**Please mail to: Prisoner Outreach Ministry, Diocese of Lansing, St. Gerard Catholic Church, 4437 W Willow Hwy, Lansing MI 48917**

**If you have any questions, please email [penpalmin@dioceseoflansing.org](mailto:penpalmin@dioceseoflansing.org). Thank you!**