

# Pen Pal Volunteer Application

## Contact Information

Name:	
Street Address:	
City, State, Zip:	
Phone #:	
E-Mail Address:	

## Parish/Work Information

Name of Parish:	
Areas of Interest (teams or sports, movies, books or reading materials, hobbies, activities, etc.):	
Career/Occupation:	

## Reasons for Wanting to Be a Pen Pal:

Summarize special reasons why you would like to be a Pen Pal with someone in Prison. We strongly recommend you choose a Pen Name. Do you agree?  YES  NO Please state your pen name below.

**PEN NAME:**

## Agreement and Signature

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. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Pen Pal Volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

How did you hear about us?  Friend  Church Bulletin  Human Rights Office Website  Other

Email completed application form to: [penpal@diocesekcsj.org](mailto:penpal@diocesekcsj.org)

Mail completed application form to: Pen Pal Ministry - Human Rights Office  
Diocese of Kansas City-St. Joseph  
20 West 9<sup>th</sup> Street, Kansas City MO 64105