

# Prison/Jail Ministry Volunteer-in-Prayer Sign-Up

## Contact Information

Name	
Street Address	
City, State, Zip	
Mobile Phone	
E-Mail Address	

## Parish/Work Information

Name of Parish:	
Address of Parish:	
# of Years at Parish:	
Career/Occupation:	
Employer:	

## Reasons for Wanting to Be a VIP for Prison/Jail Ministry:

Summarize special reasons why you would like to be a Prayer Warrior for those in Prison or Jail.

## Agreement and Signature

I, the undersigned, am at least 18 years old; have carefully read and understand the Prison/Jail Ministry Volunteer-in-Prayer 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.

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.

**Email completed application form to:** [holmes@diocesekcsj.org](mailto:holmes@diocesekcsj.org)  
**Mail completed application form to:** Prison/Jail Ministry VIP Program - Human Rights Office  
 The Catholic Center  
 PO Box 419037, Kansas City MO 64141.