



VOLUNTEER APPLICATION FORM

Dr, Rev, Mr, Mrs, Ms, Miss. (please circle)

NAME (first)..... Phone (W).....

SURNAME..... Phone (H).....

EMAIL ADDRESS..... (MOB).....

ADDRESS POSTCODE.....

..... D.O.B.

MARITAL STATUS: Single
 Married – name of spouse.....

HOME CHURCH / FELLOWSHIP.....

1. Are you in good standing with your Church / Fellowship ? Yes /
 No

2. What are your areas of ministry and service at your home Church ?

3. In what other areas in Christian Service are you involved ?

4. Have you previously worked with prisoners and their families ? Yes /
 No

5. Why do you want to be involved in prison ministry ?

6. What are your ministry expectations ?

7. Have you ever served a sentence of imprisonment ? Yes / No
(Please note: This question is included for positive purposes. Former prisoners who are Christians have a vital contribution to make to Prison Fellowship).

8. Have you read, agreed and signed the Statement of Faith? Yes /
 No

9. Have you read the PFSA Volunteer Policy and Character Traits? Yes /
 No

10. Please list three character references, including your Minister / Pastor.

NAME PHONE RELATIONSHIP

ADDRESS

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ADDRESS

NAME PHONE RELATIONSHIP

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Please post to: GPO BOX 1636 ADELAIDE SA 5001
Office Address: 176 Wattle Street MALVERN SA 5061