## FORGIVEN MINISTRY VOLUNTEER APPLICATION

One Day with God Camp Date: March 23, 2024 Prison Name: Nash Correctional

Completed forms need to be returned by March 6th

	· •		•		
First Name (exactly as on p	hoto ID) :				
Middle Name (exactly as on photo ID) :					
Last Name (exactly as on pl					
Preferred First Name (for na					
Have you attended volunte					
-	ously completed a volunteer ap	-		n below	
	that should be upda	ated or	changed		
Street Address (Residence)					
City		State		Zip	
Mailing Address (if different	t)				
City		State		Zip	
Preferred email address					
Alternate email address					
Mobile Phone ( )			Other phone ( )		
Home Phone ( )			Please circle preferred phone we can call.		
*Whom Do We Contact In Case of an Emergency?			Relationship:		
Name:			Phone Number:		
Driver's License number:			Driver's License Issued by (State):		
Date of Birth (MM/DD/YYYY) :			Gender:		
Social Security Number:			Race:		
Area of volunteer service I v	vould prefer (Rank in order	of pref	erence 1 beside first prefer	rence, etc.)	
Child Mentor	Registration		Photographer		
Prayer Team	Craft Team		Nurse		
Prison Food Team	Music and/or Artist		Deaf Interpreter		
Floater/Where Needed	Games		Spanish Interpreter		
Caregiver Volunteer	Face Painter		Parking/transportation		
Have you ever been convict	ed of a crime? (Yes or N	o)			
Do you have a "One Day wit	th God" T-Shirt? (Yes or N	o)			
If you do not have a shirt, p	lease identify shirt size				
Small	X-Large		4-XL		
Medium	2-XL		5-XL		
Large	3-XL		6-XL		
	Forgive	en Minis	stry, Inc. in	fo@forgivenministry.org	
Please email, mail or fax to:		O Box 1		Phone: (828) 632-6424	

Taylorsville, NC 28681

Fax: (828) 632-6434