

VOLUNTEER APPLICATION



Brothers In Blue Reentry
"Making neighbors for a safer Kansas"

Date: _____

All information will remain confidential.

PERSONAL INFORMATION

SALUTATION *REQUIRED	FIRST NAME *REQUIRED	M.I.	LAST NAME *REQUIRED	NAME SUFFIX
PREFERRED NAME		LANGUAGE(S) (E.G. ENGLISH, SPANISH, OTHER)		
STREET ADDRESS *REQUIRED () -		APT.	CITY *REQUIRED	STATE *REQUIRED ZIP *REQUIRED
PRIMARY PHONE# *REQUIRED	SECONDARY PHONE#	E-MAIL		
<input type="radio"/> Male <input type="radio"/> Female GENDER		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed MARITAL STATUS		

DEMOGRAPHICS

DOB (MM/DD/YYYY) *REQUIRED	BIRTHPLACE (CITY/STATE)	SPOUSE'S NAME
<input type="radio"/> Caucasian <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Hispanic <input type="radio"/> Other ETHNICITY		

If going into prison, please provide the following information

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	STATE	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		IF YES, FOR WHAT OFFENSE:	
RELEASE DATE	ON PAROLE (Y/N)	ON PROBATION (Y/N)	ARE YOU CURRENTLY ON ANY PRISONER'S VISITING LIST?

CHURCH AFFILIATION

NAME OF CHURCH *REQUIRED		DENOMINATION		
PASTOR'S NAME *REQUIRED		PREFERRED TITLE		
STREET ADDRESS *REQUIRED () -		CITY *REQUIRED	STATE *REQUIRED	ZIP *REQUIRED
MAILING ADDRESS () -		P.O. BOX	CITY *REQUIRED	STATE *REQUIRED ZIP *REQUIRED
PHONE *REQUIRED		FAX	E-MAIL	

EDUCATION

<input type="radio"/> 8th or less	<input type="radio"/> 9th through 11th	<input type="radio"/> High School Diploma	<input type="radio"/> GED
<input type="radio"/> Some College/Trade School	<input type="radio"/> Associate's Degree	<input type="radio"/> Bachelor's Degree	<input type="radio"/> Graduate Studies
<input type="radio"/> Post Graduate Studies	<input type="radio"/> Doctorates Degree	<input type="radio"/> Religious Studies/Degree	<input type="radio"/> No Formal Education

EMPLOYMENT

OCCUPATION		EMPLOYER		
STREET ADDRESS *REQUIRED () -		CITY *REQUIRED	STATE *REQUIRED	ZIP *REQUIRED
MAILING ADDRESS () -		P.O. BOX	CITY *REQUIRED	STATE *REQUIRED ZIP *REQUIRED
PHONE *REQUIRED		FAX		

EMERGENCY CONTACT

NAME OF CONTACT () -		RELATIONSHIP () -
PHONE NO.		CELL PHONE NO.

PERTINENT MEDICAL INFORMATION

*Required. Please select one or more items from the list below:

AREAS OF INTEREST

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="radio"/> Administrative Support | <input type="radio"/> Reentry | <input type="radio"/> Mentoring |
| <input type="radio"/> In-Prison Ministry | <input type="radio"/> Leadership | <input type="radio"/> Training |
| <input type="radio"/> Job Placement | <input type="radio"/> Prayer Ministry | <input type="radio"/> General/Other |

IF YOU WANT TO MENTOR: PLEASE FILL OUT THE FOLLOWING

Number of Mentees: _____

DO YOU HAVE A PREFERENCE IN RACE? IF SO EXPLAIN :

DO YOU MIND IF YOUR MENTEE IS A SEX OFFENDER ? (Y/N) _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Anytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much notice do you need prior to volunteering? _____

Other information you would like us to know: _____

Previous or Current Volunteer Participation:

DO YOU HAVE FRIENDS OR RELATIVES WORKING AT THE BROTHERS IN BLUE REENTRY PROGRAM? (Y/N) NAME(S)

DO YOU HAVE FRIENDS OR RELATIVES VOLUNTEERING AT THE BROTHERS IN BLUE REENTRY PROGRAM? (Y/N) NAME(S)

We believe in one God, Creator and Lord of the Universe, the co-eternal Trinity; Father Son, and Holy Spirit.

We believe that Jesus Christ, God's Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God's authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal, and apostolic Church. Its calling is to worship and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power, and mission.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and exclude all evil, suffering, and death.

I agree with the Statement of Faith above: Yes No

Signature _____ DATE _____

Please submit your Volunteer Application to:

BIBR, Lansing Correctional Facility
 Attn: Office Administrator
 301 East Kansas Avenue
 Lansing, KS 66043