



Peaceprints™ Prison Ministries Volunteer Application

Please fill in this form completely before submitting it.

First Name:

Last Name:

Middle Initial:

Street Address:

City:

State:

Zip Code:

Please indicate the best way to contact you:

Home Phone:

Cell Phone:

Work Phone:

Email:

Education, Training, Employment:

Current Employ:

Current Position:

Previous Employer:

Previous Position:

Degree(s):

College(s) Attended:

High School Attended:

Other Training:



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Volunteer Experience:

Please Indicate Your Interest(s):

Prison Support Groups: Albion, Attica, Collins, Gowanda, Groveland, Orleans, & Wyoming Correctional Facilities

**This position requires a New York State Prison Volunteer Application, TB test, fingerprinting, and orientation at facility.*

Transitional Houses: Cephas and Bissonette

Skills/Job Training

Mentoring/Counseling

Cooking Meals

Other:

Weekly Support Groups: Cephas and Bissonette

Office Assistance: Buffalo, Rochester

Mailings

Marketing

Data Entry

Other:

Outreach and Fundraising: Buffalo, Rochester

Hope Family Services

Van Call Coordinator

Hope Van Driver

**This position requires a Driver's License and Violations Disclosure*



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Availability:

Please fill in all times you are available, indicating AM or PM.

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|--------|---------|-----------|----------|--------|----------|
| Start | | | | | | | |
| Finish | | | | | | | |

Emergency Contact:

First & Last Name:

Address:

Phone:

Relationship:

Have you ever been convicted of any crime, felony, or violation of the law or are there any charges pending against you?

No Yes

If Yes, please explain:

References:

Please list 2 professional or ministerial references who have know you longer than 3 years.

First & Last Name:

Address:

Phone:

Relationship:

First & Last Name:

Address:

Phone:

Relationship:



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Confidentiality Agreement (please initial)

I promise to hold in confidence all matters that are shared with me or that come to my attention as a volunteer at Peaceprints™ Prison Ministries regarding participants, staff, volunteers, or colleagues.

I understand that all information regarding participants, staff, volunteers, or colleagues and all information in the files of Peaceprints™ Prison Ministries is to be kept strictly confidential.

I will respect the privacy of the people with whom I work.

I will confer appropriately with designated Peaceprints™ Prison Ministries staff if the safety and/or health of anyone with whom I work is at risk.

I will use all information gained in the course of my service at Peaceprints™ Prison Ministries in a responsible manner.

I understand that this policy remains in effect while I am associated with Peaceprints™ Prison Ministries and after I am no longer a volunteer.

I understand that failure to adhere to this agreement is grounds for dismissal.

Signature: _____

Date: _____

Please return by mail, fax, or e-mail to:

Zachariah A. Jones, Volunteer Coordinator
Peaceprints™ Prison Ministries
660 Smith Street
Buffalo, New York 14210

Phone: (716) 856-6131
Fax: (716) 566-7438
: zach@peaceprintsPM.org