



Po. Box 131 Mifflinburg Pa. 17844 Phone: (570) 837-0649

Email: [info@lightofhope.org](mailto:info@lightofhope.org) Website: [lightofhope.org](http://lightofhope.org)



## Encounter 2018

*Pennsylvania Discipleship Ministry*

Dear saint in Christ

1-Peter 1:3-5, Blessed be the God and Father of our Lord Jesus Christ, which according to his abundant mercy hath begotten us again a lively hope by the resurrection of Jesus Christ from the dead. To an inheritance incorruptible, and undefiled, and that fadeth not away, reserved in heaven for you, who are kept by the power of God through faith unto salvation ready to be revealed in the last time.

Two words that minister to my heart from the passage of scripture in 1 Peter 1:3-5 is MERCY and HOPE. The word MERCY means "Compassion or forgiveness shown toward someone whom it is within one's power to punish or harm," unmerited favor the act of God by which He withholds what we do deserve. The definition of LIVELY HOPE means a hope not frail and perishable, but having a perennial life (imperishable, undying). If we as God's children have this witness with in our hearts, then we need to take courage to step out in faith, and be a vessel of honor to God, a beacon of Light that shines in areas of darkness, proclaiming Hope to the world around us.

Another opportunity is being given from the Pennsylvania Department of Corrections to hold a Discipleship Ministry in Pennsylvania State & Federal Prisons which is scheduled for November 9-11, 2018. We are grateful for the God given opportunity, to be able to share the message of HOPE to men, women who are behind the prison fence. These opportunity's we do not take lightly, but go as JESUS commanded us to go and make Disciples Matthew 28:19-20 Go ye therefore, and teach all nations.... The Encounter Discipleship Ministry provides a wonderful opportunity to help with group sessions throughout each seminar session. Volleyball and a few other activities will be scheduled throughout the weekend at each of the prisons. So many, of the least of these had been forgotten by their family and friends, and the world classifieds them as failures and without HOPE. When people give of their time & talent to reach out unto the least of these, it brings a LIGHT of HOPE in a dark place.

(Matured Christians) Men only, are needed to partner with us, to bring HOPE unto the least of these in prison. Would you prayerfully consider giving of your time, by stepping out in faith?

*Light of Hope Evangelistic Ministry*

*All because of Jesus*

*Amos Stoltzfus/Executive director/Founder*

*Amos L. Stoltzfus*



## Encounter 2018 Prison Discipleship Program

November 2-4, November 9-11 & November 16-18

All applications must be Received by September 29, 2018

**Attention!!** Volunteers who were part of the Encounter 2018 Prison Crusade in April 19-22, 2018 need to complete pages 1 & 2. All other volunteers who did not participate in the Encounter 2018 Prison Crusade need to complete Pages 1-5.

### Step No. 1 Personal Information

(print clearly and fill out completely)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Where you a part of the 2017 Prison Crusade \_\_\_YES\_\_\_ No

What Prison did you volunteer at \_\_\_\_\_?

Are You a First Time Volunteer \_\_\_ Yes \_\_\_ No

Home Church \_\_\_\_\_

Are you a Member \_\_\_\_\_

How long have you been a Christian (Believer) \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been Arrested \_\_\_\_\_?

If Yes, please specify \_\_\_\_\_

\_\_\_\_\_

Are you on probation \_\_\_\_\_

If Yes, please specify \_\_\_\_\_

### Step No. 2 Mission Location

Please mark "1" for the first choice and "2" for the second choice. Choices will be honored based on the date your application was received, team size and other factors.

#### November 2-4

\_\_\_ SCI Benner

#### November 9-11

\_\_\_ SCI Forest

\_\_\_ SCI Huntingdon

\_\_\_ SCI Smithfield

\_\_\_ SCI Somerset

\_\_\_ SCI Rockview

#### November 16-18

\_\_\_ SCI Laurel Highlands

### Step No. 3 Registration

Includes a share of Discipleship Ministry cost. Does not include breakfast, breakfast is included with lodging cost.

**All volunteers are required to pay registration fees.**

Standard – **RECIEVED** by September 29, 2018

\_\_\_\_\_ \$65.00

### Step No. 5 Total Prison Discipleship Expenses

\$\_\_\_\_\_ Registration (due with application)

\$\_\_\_\_\_ + Lodging ☐ **Check box if you do not need lodging**

\$\_\_\_\_\_ + Additional (Optional)

\$\_\_\_\_\_ Total (due by February 19)

I am enclosing an additional \$\_\_\_\_\_ to be used towards general crusade expenses and the follow-up discipleship seminars. \*Any additional giving is totally voluntary on your part. We know you are already making a great financial sacrifice to participate...thank-you! Any additional giving towards expenses is Tax deductible. \_\_\_\_\_ please send me a tax receipt for my additional giving.

### Step No. 6 Payment

Make checks payable to: Light of Hope Ministry

\_\_\_\_\_ Check Enclosed

\_\_\_\_\_ I Will Be Sponsored by: \_\_\_\_\_

Sponsors Contact Information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please take note if you are being sponsored by your church or an individual a signed check needs to be enclosed with the application.**

### Step No. 7 Indemnification

I AGREE TO ABIDE BY ALL THE RULES AND DIRECTIONS UNDER **LIGHT OF HOPE EVANGELISTIC MINISTRY** AND SERVE WITH A HEART OF INTERGRITY, HONESTY AND MODESTY WHICH MY PRESENCE IN PRISON IS ALLOWED; FURTHER I RELEASE AND SAVE HARMLESS THE STATE OF PENNSYLVANIA DEPARTMENT OF CORRECTION & LIGHT OF HOPE PRISON MINISTRY, AND ANY AGENT THERE OF, FOR ANY HARM OR DAMAGE, WHETHER MATERIAL, PHYSICAL, OR EMOTIONAL, THAT MAY OCCUR AS A RESULT OF MY PRESENCE IN PRISON, OR DURING THE COURSE OF MY MINISTERING THEREIN.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

Each volunteer is responsible to have application completed, and full payment be sent with your application. We will be able to submit your application to the prison, and make motel reservation when application completed and full payment is received. All motel rooms will have two beds in each room. If you decide to pay for three or four people per room, you will be placed in the same room with the amount of people you requested. Each person is responsible to write the names of who they will be rooming with. For Light of Hope to make arrangements, complete the section above steps 3-5. Please take responsibility to have your application sent and postmark. With any questions or concerns please call LOHEM Office 570-837-0649. **ALL APPLICATIONS MUST BE RECEIVED BY LOHE MINISTRY OFFICE SEPTEMBER 29, 2018**

**GIVE MAIL TWO DAYS FOR DELIVERY**

### Step No. 4 Nights of Lodging

Mark which nights you need lodging and how many people per room. Hotel requirements no more than four persons per room. Breakfast is included with the lodging price. If you do not need lodging but need breakfast each morning, there is a \$10.00 breakfast charge per person / per breakfast. Please remember to specify if do not need lodging but need breakfast only.

Nights	Rates (per person / per night)
_____ Fri. Nov. 4	_____ 1 in a room \$120.00
_____ Sat. Nov. 5	_____ 2 in a room \$ 60.00
	_____ 3 in a room \$ 40.00
	_____ 4 in a room \$ 30.00

# \_\_\_\_\_ Nights X \$ \_\_\_\_\_ Rate = \$ \_\_\_\_\_

**Lodging Total**

Please include full names of preferred roommates, including spouses.

**Requested Roommates:** \_\_\_\_\_

Please take note! If your spouse is lodging with you throughout the event and is not registering as a volunteer, your spouse is still responsible to pay for lodging expenses (per room / per night). Make sure that is specified and added to the

## CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please print the following information legibly. Enter N/A in any space that does not apply. **All information will be maintained confidentially, but must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

### SECTION "A" (CANDIDATE)

- ☐ I am requesting a Single Facility Clearance Identify Facility \_\_\_\_\_
- ☐ I am requesting a Multi-Facility Clearance (Circle all facilities that you require access to during clearance period)

**ALB BEN CAM CBS CEN CHS COA DAL FRA FRS FYT GRA GRN HOU**

(Camp Hill)

**HUN LAU MAH MER MUN PIT PNG QBC RET ROC SMI SMR TRA WAM CCC**

- ☒ I am requesting a Statewide Clearance (Access required at every DOC facility within the clearance period)

### Category: (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> VENDOR (Construction, Food delivery, Service, Repairs, IT, etc)   | <input type="checkbox"/> COMMONWEALTH EMPLOYEE Employee # _____ |
| <input type="checkbox"/> CONTRACT SERVICE PROVIDER   | <input type="checkbox"/> OFFICIAL VISITOR (PA Prison Society)   |
| <input type="checkbox"/> (Medical, Mental Health, Therapeutic or Contract Chaplaincy)      | <input type="checkbox"/> OFFICIAL VISITOR (Govt)                |
| <input type="checkbox"/> VOLUNTEER PROGRAM   | <input type="checkbox"/> ORGANIZATION                           |
| <input checked="" type="checkbox"/> PUBLIC VISITOR (Ministry)                              | <input type="checkbox"/> INTERN/EXTERN                          |
| <input type="checkbox"/> PUBLIC VISITOR (Government)                                       | <input type="checkbox"/> REENTRY SERVICES                       |
| <input type="checkbox"/> PUBLIC VISITOR (Criminal Justice Agency)                          | <input type="checkbox"/> AGENCY TEMP SERVICES                   |
| <input type="checkbox"/> PUBLIC VISITOR (Entertainment, Activities, Sports, Guest Speaker) | <input type="checkbox"/> OTHER (identify) _____                 |

Initial Clearance Request: ☐

Renewal Request: ☐

Purpose of Visit Chapel Services & Activities

Organization/Agency/Company/Program Name: Light of Hope Evangelistic Ministry Abbreviation if applicable ( )

Subcontracted to: N/A Title or Position N/A

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Complete Middle Name \_\_\_\_\_

List all previously used names : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or

Passport # \_\_\_\_\_ Alien Registration # \_\_\_\_\_ Visa # \_\_\_\_\_

Sex \_\_\_\_\_ Race (circle) W B I A Height \_\_\_\_\_ ft \_\_\_\_\_ in Weight \_\_\_\_\_ lbs Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Current Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prior Address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Birth \_\_\_\_\_, E-mail Address \_\_\_\_\_@\_\_\_\_\_.

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Current Driver's License Info: State ☐ Operator ☐ ID only license List OLN Number \_\_\_\_\_ Valid: Yes ☐ No ☐

Previous Licenses (list all states & #'s that apply) State \_\_\_\_\_ Operator/Non-Operator Number \_\_\_\_\_

Identify names, relationships and locations of any relatives or close friends confined in any DOC Facility \_\_\_\_\_

**I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member: \_\_\_\_\_ Emp #: \_\_\_\_\_ Date of Request \_\_\_\_\_

Describe Specific Event or Access: \_\_\_\_\_ Specific Period of Access Required \_\_\_\_\_

Security Office approving staff member signature \_\_\_\_\_ Emp # \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_



# EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be **signed** and **submitted annually** by volunteers, public visitors and interns to the **Volunteer and Internship Coordinator** at **each** facility in which the individual serves. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Public Visitor <input type="checkbox"/> Intern					2. Preferred Facility:	
3. Organization/College/University you represent: <b>Light of Hope Evangelistic Ministry</b>						
4. LAST Name		5. FIRST Name		6. MIDDLE Name		
7. Complete HOME ADDRESS						
8. Home TEL (       )			9. Alternate TEL (       )			
10. EMAIL Address				11. Date of Birth       /       /		
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model	Color	License #	
13. I have a <b>medical condition</b> which requires ready access to emergency medication.						Yes    No
14. I have a <b>metal implant</b> that may trigger the metal detector (circle).						Yes    No
15. EMERGENCY CONTACT	Name	Relationship	TEL		TEL (Alternate)	
			(       )		(       )	
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below (Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):						
NAME Of Offender/Ex-Offender		Last SCI	NAME Of Offender/Ex-Offender		Last SCI	
N/A			N/A			
N/A			N/A			

**SECURITY CONSENT.** I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
2. I assume all risks which may result from the normal operation of the facility;
3. No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
4. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
5. I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
6. I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
7. Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
8. Failure to bring a Department-issued ID Badge (Volunteers, Interns) or a Photo ID (Public Visitors) will result in my being denied access to the facility; I must wear a Department-issued ID Badge or a Visitor Badge visibly on my clothing at all times;
9. I am forbidden to enter any area of the facility other than the designated area for my area of service;
10. I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
11. I must wear conservative, non-revealing clothing;
12. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;
13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me;



14. I am forbidden to hug inmates or to strike or lay hands on an inmate unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp;
16. I am forbidden to contact an inmate's family or give an inmate my contact information;
17. I am required to report if an inmate attempts to make outside contact with me by any medium;
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding I think should be allowed in a correctional environment;
26. I may assist offenders (persons under the supervision of probation/parole, and who reside in Community Corrections Centers) and ex-offenders (persons previously released from criminal justice custody, who are not currently under the supervision of a law enforcement entity) with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
  - I. Disclose on the **Volunteer and Intern Application** and on the **Emergency Information and Security Consent Form** the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s);
  - II. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
  - III. Maintain professional boundaries in relating to an offender or an ex-offender;
  - IV. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer and Internship Coordinator and the privilege of communicating with this individual outside approved programming opportunity available in the institution will cease (i.e., I am not permitted to correspond or visit with, or receive phone calls from the inmate while he/she is an inmate);
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a **Centralized Clearance Information Request Form**, has since been incarcerated in the PA DOC;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department, and I agree to abide by the rules and regulations of the Department as further explained in the **Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E)**.

SIGN Name \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_