

Light of Hope
EVANGELISTIC MINISTRY
PRISONS ~ CHURCHES ~ COMMUNITIES

Short Term Ministry Opportunity!!!

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ENCOUNTER 2019

PA

PRISON CRUSADE

MATURED CHRISTIANS (MEN & WOMEN 18 YEARS OLD OR OLDER) ARE NEEDED.

Dear Beloved,

Greetings to you in the precious name of Jesus, the giver of LIFE, HOPE and REDEMPTION to all who believe.

Another opportunity is being given from Department of Corrections of Pennsylvania to hold a prison crusade in Pennsylvania. We are grateful for this God given opportunity, to be able to share the message of HOPE to men and women who are behind the prison fences because of committed crimes. We do not take these opportunities lightly, but heed to the call as JESUS commanded us, Mark 16:15 Go ye into all the world and preach the Gospel. Volunteers are needed to help Minister HOPE unto the least of these in 30 + Prisons.

The Encounter 2019 Prison Crusade provides a wonderful opportunity for God's children to visit and share HOPE in Christ unto the least of these in prison, through evangelistic services, discipleship seminars, infirmary, yard and gym visitations.

If God is calling you to participate in this SHORT-TERM MISSION OPPORTUNITY, complete the enclosed volunteer's application and send it to the address above. If there are family members or friends that would like to participate in the prison crusade, feel free to make as many copies as you need, or visit our website www.lightofhope.org to download an application.

Orientation will be held at God's Missionary Church in Middleburg, Pa. on Thursday March 28, 2019. **(ALL VOLUNTEERS ARE REQUIRED TO PARTICIPATE AT THE ORIENTATION)**

Registration: 9:00 Am.

Discipleship & Training: 10:00 Am.

Lunch: 12:00 Pm.

Rally (Worship Service): 1:00 Pm.

If you need more volunteer applications, visit our website at www.lightofhope.org.

Light of Hope Evangelistic Ministry
All because of Jesus
Amos Stoltzfus/Executive director/Founder
Amos L. Stoltzfus

MARCH 28-31, 2019

BASED IN ALTOONA, BRADFORD, DANVILLE, MEADVILLE, NEW STANTON, PHILADELPHIA, SCRANTON, SOMERSET AREAS

Early Bird Discount Ends January 12 ~ Application Deadline February 2.

All volunteers must be 18 years of age or older to be able to participate in the prison crusade.

Step No. 1 Personal Information

PRINT CLEARLY AND FILL OUT COMPLETELY

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Email: _____@_____.

Did you volunteer at any (PA) Prison Crusades in the past two years with Light of Hope Evangelistic Ministry ___ 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 been Arrested in the past 10 Years: ___ Yes ___ No

If Yes, please specify (Exclude all traffic Violations): _____

Are you on probation _____

If Yes, please specify _____

Are you part of a Singing Team ___ Yes

What Singing Team will be a part of: _____

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.

Altoona Area

- ___ Where Needed Most
___ SCI Huntingdon
___ SCI Smithfield
___ SCI Benner
___ FCI Loretto

New Stanton Area

- ___ Where Needed Most
___ SCI Fayette
___ SCI Green
___ Shuman Juvenile Center

Bradford Area

- ___ FCI McKean

Scranton Area

- ___ Where Needed Most
___ CCI Lackawanna (Women)
___ CCI Pike (Men & Women)
___ SCI Waymart

Clearfield Area

- ___ Where Needed Most
___ SCI Houtzdale
___ Quehanna Boot Camp
___ SCI Forest

Danville Area

- ___ Where Needed Most
___ FCI Allenwood
___ SCI Coal Township
___ SCI Frackville

Somerset Area

- ___ Where Needed Most
___ SCI Laurel Highlands
___ SCI Somerset

Meadville Area

- ___ SCI Albion
___ SCI Cambridge Springs (Women)

Philadelphia Area

- ___ Where Needed Most
___ (ASD) Central Unit
___ Curron-Fromhold (A-B)
___ Curron-Fromhold (C-D)
___ Detention Center
___ Philadelphia Correctional Institution
___ Riverside Correctional Institution (Women)

Step No. 3 Registration

Includes, Thursday lunch, discipleship training, orientation and a share of prison crusade cost. Does not include breakfast, breakfast is included with lodging cost.

All volunteers are required to pay registration fees.

___ \$50.00 (EARLY BIRD REGISTRATION) application must be post marked by January 12th

___ \$75.00 (Standard registration) application must be post marked by February 2nd

(PLEASE BE MINDFUL OF OUR DEADLINE POLICY)

Step No. 5 Total Prison Crusade Expenses

\$ _____ Registration (due with application)

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

\$ _____ No lodging / Breakfast only (\$12.00 per breakfast per morning)

\$ _____ + Additional donation (Optional)

\$ _____ **Total** (Send with Application)

Step No. 4 Nights of Lodging

Mark how many and 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 \$12.00 breakfast charge per person / per breakfast. Please remember to specify if do not need lodging but need breakfast only.

Which nights will you need lodging?

Rates (per person / per night)

___ Thur. March 28

___ 1 in a room \$120.00 per night

___ Fri. March 29

___ 2 in a room \$ 60.00 per night

___ Sat. March 30

___ 3 in a room \$ 40.00 per night

___ 4 in a room \$30.00 per night

No. of Nights ___ X \$ _____ Rate = \$ _____
Lodging Total

Please include full names of preferred roommates, including spouses.

Requested Roommates: _____

I am enclosing an additional \$ _____ donation 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.

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 total.

PRISON CRUSADE EXPENSES ARE NOT REFUNDABLE AFTER FEBRUARY 25, 2019.

Step No. 6 Payment Make checks payable to: Light of Hope Ministry

___ Check Enclosed

___ I Will Be Sponsored by: _____ (Cash or Check needs to be sent with your application)

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. **REMEMBER to have pages 1-7 completed & Signed.**

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 number 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 MOTEL ARRANGMENTS & PROCESS APPLICATION, STEPS 3-6 must be completed in the section above and FULL PAYMENT MUST BE MADE. Please take responsibility to have your application sent and postmark by **FEBRUARY 2, 2019 (Application Deadline)**. With any questions or concerns please call LOHEM Office 570-837-0649. Prison Crusade expenses are not refundable after **March 10, 2018**.

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. 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 or possible criminal prosecution. 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)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

Type of Clearance: Initial Clearance Request Renewal Request

Category: Agency Temp Services Contract Service Provider Intern/Extern
Organization

Reentry Services Vendor Volunteer Program

Official Visitor (please select one):

Government PA Prison Society

Public Visitor (please select one):

Ministry Criminal Justice Agency Entertainment, Sports, Activities, Guest Speaker

Other (please explain):

Purpose of Visit: Retreat			Primary Facility: N/A		
Organization/Agency/Company/Program Name: Light of Hope			Abbreviation (if applicable): N/A		
Subcontracted to: N/A			Title or Position: N/A		
Last Name:		First Name:		Middle Name:	
List all previous names:					
Date of Birth:			Social Security Number:		
Passport #: N/A		Alien Registration #: N/A		Visa #: N/A	
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:
Current Address:		City:		State:	Zip Code:
Prior Address:		City:		State:	Zip Code:
Place of Birth:			Email Address:		
Home Phone:			Alternate Phone (cell):		
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:		
Professional/Medical Licenses: N/A		DEA Number: N/A		NPI Number: N/A	
Identify names, relationships, and locations of any relatives or close friends 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:
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

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: Light of Hope Evangelistic Ministry						
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 medical condition which requires ready access to emergency medication.					Yes	No
14. I have a metal implant that may trigger the metal detector (circle).					Yes	No
15. EMERGENCY CONTACT	Name		Relationship	TEL	TEL (Alternate)	
	N/A			()	()	
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below <small>(Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):</small>						
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 ____/____/____