

# Light of Hope

## EVANGELISTIC MINISTRY

PRISONS ~ CHURCHES ~ COMMUNITIES

Po. Box 131 Mifflinburg Pa. 17844 \* Phone: (570) 837-0649 or (866) 252-5812 Email: info@lightofhope.org \* Website: lightofhope.org

## Short Term Ministry Opportunity!!!

### *Pennsylvania Prison Crusade*

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 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.

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](http://www.lightofhope.org) to download an application. FOR US TO PROCESS YOUR APPLICATION ALL PAGES FROM 1-6 MUST BE COMPLETED AND SIGNED.

WE NOW ACCEPT CREDIT CARD PAYMENT. TO MAKE PAYMENT WITH CREDIT CARD VISIT [WWW.LIGHTOFHOPE.ORG](http://WWW.LIGHTOFHOPE.ORG)  
OR CALL (570) 837.0649

If making payment with credit card, a completed application must be sent to the address above  
or emailed to [info@lightofhope.org](mailto:info@lightofhope.org)

Orientation will be held at God's Missionary Church in Middleburg, Pa. on Thursday April 16, 2020.

**(ALL VOLUNTEERS, EVANGELIST, AND SINGING TEAMS 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](http://www.lightofhope.org).

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

*Amos L. Stoltzfus*

April 16-19, 2020

Early Bird 10 % Must Be Received By January 24th ~ Application Deadline February 14th.

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

Bradford Area

- \_\_\_ Where Needed Most
\_\_\_ FCI McKean
\_\_\_ SCI Forest

Clearfield Area

- \_\_\_ Where Needed Most
\_\_\_ SCI Houtzdale
\_\_\_ Quehanna Boot Camp
\_\_\_ FCI Moshannon Valley

Danville Area

- \_\_\_ Where Needed Most
\_\_\_ FCI Allenwood (Low)
\_\_\_ FCI Allenwood (Medium)
\_\_\_ SCI Coal Township
\_\_\_ SCI Frackville

Meadville Area

- \_\_\_ SCI Albion
\_\_\_ SCI Cambridge Springs (Women)

New Stanton Area

- \_\_\_ Where Needed Most
\_\_\_ SCI Fayette
\_\_\_ Shuman Juvenile Center

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)
\_\_\_ SCI Phoenix

Scranton Area

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

Somerset Area

- \_\_\_ Where Needed Most
\_\_\_ SCI Laurel Highlands
\_\_\_ SCI Somerset

**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.

All rates include an application fee, which covers one meal at orientation, and breakfast each morning, orientation, and other prison crusade expenses.

| <u>Person Per Room</u>          | <u>Per person / Per night</u> | <u>Which nights will you need lodging?</u> |
|---------------------------------|-------------------------------|--|
| ___ 1 person per room per night | \$ 145.00                     | ___ Wed. April                             |
| ___ 2 person per room per night | \$ 85.00                      | ___ Thur. April 16                         |
| ___ 3 person per room per night | \$ 65.00                      | ___ Fri. April 17                          |
| ___ 4 person per room per night | \$ 55.00                      | ___ Sat. April 18                          |

**Requested Roommates:**  
(Optional)

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**Local Volunteer Application** *those who won't need lodging.*

\_\_\_ Local Volunteer Application Fee \$ 60.00

**How Many Nights** \_\_\_ X \$ \_\_\_\_\_ **Per Night** = \$ \_\_\_\_\_  
**Lodging Total**

\$ \_\_\_\_\_ + Lodging

\$ \_\_\_\_\_ 10% discount if received by Wednesday January 22nd

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

\$ \_\_\_\_\_ **Total** (Send payment with Application)

I AM ENCLOSING AN ADDITIONAL \$ \_\_\_\_\_ DONATION TO BE USED TOWARDS GENERAL CRUSADE EXPENSES. EXTRA GIVING IS TAX DEDUCTIBLE. ADDITIONAL GIVING IS TOTALLY VOLUNTARY ON YOUR PART. WE KNOW YOU ARE ALREADY MAKING A GREAT FINANCIAL SACRIFICE TO PARTICIPATE... THANK-YOU!

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.

WE NOW ACCEPT CREDIT CARD PAYMENT. VISIT [WWW.LIGHTOFHOPE.ORG](http://WWW.LIGHTOFHOPE.ORG) OR CALL (570) 837.0649 TO MAKE PAYMENT WITH CREDIT CARD  
If making payment with credit card, a completed application must be sent to the address below or emailed to [info@lightofhope.org](mailto:info@lightofhope.org)

**PRISON CRUSADE EXPENSES ARE REFUNDABLE UNTIL APPLICATION DEADLINE**

**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** (*Please Read Carefully*)

LIGHT OF HOPE EVANGELISTIC MINISTRY IS NOT RESPONSIBLE FOR ANY ACCIDENTS THAT ACCURE DURING THE TIME OF YOUR VOLUNTARY SERVICE AT THE ENCOUNTER 2020 PENNSYLVANIA PRISON CRUSADE.

I AGREE TO ABIDE BY ALL THE RULES AND DIRECTIONS UNDER [LIGHT OF HOPE EVANGELISTIC MINISTRY](#) AND WILL SERVE WITH A HEART OF INTERGRITY, HONESTY AND MODESTY WHICH MY PRESENCE IN PRISON IS ALLOWED; I BELIEVE THE WHOLE COUNSEL OF GOD AND CHOSE TO FOLLOW AND PRATICE IT'S TRUTH THAT IS WRITTEN THEREIN WHILE I SERVE IN THIS SHORT TERM MISSION. FURTHER I RELEASE AND SAVE HARMLESS TO THE STATE OF PENNSYLVANIA DEPARTMENT OFCORRECTION & 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. **ALL PAGES 1-6 NEED TO BE 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. With any questions or concerns please call LOHEM

Office 570-837-0649. Prison Crusade expenses are not refundable after **Deadline**

# 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 <b>all</b> 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"/> | ID Only license: <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 |   |
| <b>Identify names, relationships, and locations of any relatives or close friends in any DOC facility:</b> |        |                                    |   |                 |   |
|  |        |                                    |   |                 |   |

**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.**

|                   |              |
|-------------------|--------------|
| <b>Signature:</b> | <b>Date:</b> |
|-------------------|--------------|

## 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<br><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   |      |               | 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 programing 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

PENNSYLVANIA DEPARTMENT OF CORRECTIONS  
**CONTRACTORS/VOLUNTEERS/PUBLIC VISITORS/NON-DEPARTMENT EMPLOYEE**  
**PREA Training Acknowledgement of Understanding and Duty to Report** (28 C.F.R. §115.32)

**PROHIBITIONS**

Contractors or Volunteers who provide services to the Pennsylvania Department of Corrections, can be criminally charged for violating Pennsylvania State Law 18 PA. CONS. STAT. §3124.2 defines Institutional Sexual Assault as a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse, or indecent contact with an inmate, detainee, patient, or resident.

**REPORTING REQUIREMENTS**

Staff members, contract service providers, volunteers, and any other individual authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to verbally report incidents or suspicions of sexual abuse or sexual harassment to the facility Shift Commander. All inmate reports of sexual abuse and sexual harassment shall be subsequently documented on a **DC-121 Part 3, Employee Report of Incident** prior to departing the facility. Private reports can also be submitted to the Sexual Abuse Reporting Address established by the Pennsylvania State Police; the address is BCI/PREA Coordinator, 1800 Elmerton Ave., Harrisburg, PA 17110. (28 C.F.R. §115.32[b])

**FIRST RESPONDER DUTIES**

When an inmate discloses that he/she has been sexually abused, via penetration of the mouth, anus, or genital opening within the past 96 hours, request that the alleged victim not take any actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and then immediately notify security staff to protect the individual and any applicable crime scene. (28 C.F.R. §115.64[b])

**ACKNOWLEDGEMENT OF UNDERSTANDING AND DUTY TO REPORT**

Under DC-ADM 008, Section 11, all staff, contractors, volunteers, and any other individuals authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to acknowledge their understanding and comprehension of prohibited sexually abusive and sexually harassing activity and PREA reporting requirements commensurate with the level of contact they have with inmates.

**PRINT Name:** \_\_\_\_\_ **Facility(ies):** \_\_\_\_\_

**I acknowledge on this date 04/16/2020, I received and understand the above training information on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have an obligation to report ALL forms of sexual abuse, sexual harassment, and retaliation immediately to the facility's Shift Commander.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_\_

**Witness Signature:** Ulli-KG \_\_\_\_\_ **Date:** 04/16/2020