



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!!!

2024 PA-PRISON CRUSADE

Dear Beloved,

Greetings to you in the precious name of Jesus.

We are excited to have another opportunity given to us from the Department of Corrections to hold a prison crusade in Pennsylvania scheduled for April 11-14, 2024. What a privilege we as believers have to share truth in a prison environment and seeing the light of God's word transform the hearts of men and women that are in darkness. It's a wonderful privilege and responsibility to go as Jesus taught us in Mark 16:15. We are grateful for the open doors to be able to minister in the Pennsylvania prisons again.

I'm reminded of a quote I once read, **THE GREAT COMMISSION** is too big for anyone to accomplish alone, **AND TO IMPORTANT** not to try to do it together.

We invite you to partner with us in this short-term ministry opportunity. 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.

FOR US TO PROCESS YOUR APPLICATION ALL PAGES ALL PAGES MUST BE COMPLETED AND SENT TO US BY February 2nd.

Like we have done in the past, we will be having orientation all day on Thursday, April 11th at the God's Missionary Church in Beavertown Pennsylvania. More details will follow as we get closer to time of the prison crusade.

So, we hope you will prayerfully consider partnering with us in this ministry opportunity.

If you have any questions concerning the prison crusade, feel free to call the office at (570) 837-0649. If you need more volunteer applications, you can visit our website at www.lightofhope.org and download as many applications as you need.

Light of Hope Evangelistic Ministry

All because of Jesus

Amos Stoltzfus/Executive director/Founder

Amos L. Stoltzfus

Light of Hope Evangelistic Ministry

ENCOUNTER 2023

PA

PRISON CRUSADE

April 11-14, 2024

Application Deadline February 2nd.

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

First Name _____ Middle _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____ Email: _____@_____.

Are you a Christian ☐ YES ☐ No How long have you been a Christian (A follower of Jesus Christ) _____

Home Church _____ Are you a Member ☐ YES ☐ No

Pastor; _____ Phone: () _____ Email _____@_____

Are You a First-Time Volunteer ☐ Yes ☐ No

Did you volunteer at any (PA) Prison Crusades in the past five years with Light of Hope Evangelistic Ministry ☐ YES ☐ No

What Prison did you volunteer at _____

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 _____

This section is for Singing Teams.

Name of singing group _____

This section is for Evangelist.

Where you asked to be an Evangelist by LOH Ministry ☐ Yes ☐ No Have you committed to be an Evangelist for the March Crusade ☐ Yes ☐ No

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 Benner ____SCI Huntingdon ____SCI Smithfield

Drums Area

____Where Needed Most ____SCI Dallas/Waymart ____Frackville ____CCI Lackawanna (*Men & Women*)

Johnsonburg Area

____Where Needed Most ____FCI McKean ____Quehanna Boot Camp (*Men & Women*)

Philadelphia Area

____Where Needed Most ____SCI Phoenix ____Detention Center ____Curran Fromhold Correctional Facility
____Philadelphia Industrial Correctional Center ____Riverside Correctional Facility

Meadville Area

____Where Needed Most ____SCI Albion ____SCI Mercer ____SCI Cambridge Springs (*Women*)

Selinsgrove Area

____Where Needed Most ____SCI Allenwood (USP) ____Allenwood (LOW) ____SCI Camphill ____SCI Coal Township

Somerset Area

____Where Needed Most ____SCI Laurel Highlands ____FCI Loretto ____SCI Pine Grove ____SCI Somerset

Step No. 3 Lodging Information

(Nights of Lodging) Mark which nights you need lodging and how many people per room. Hotel requires no more than four persons per room. All rates include 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	\$160.00	____ Wed. April 10
____ 2 person per room per night	\$80.00	____ Thur. April 11
____ 3 person per room per night	\$53.00	____ Fri. April 12
____ 4 person per room per night	\$40.00	____ Sat. April 13
____ Local Volunteer Application (\$85.00) <i>Only for those who won't need lodging.</i>		

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

\$ **85.00** + Local Application Fee All volunteers are responsible for application fee.

\$ ____ + Additional donation (Optional)

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

Requested Roommates: (Optional)

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

☐ 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!

WE NOW ACCEPT CREDIT CARD PAYMENT. VISIT 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

Step No. 4 Payment

Make check 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. 5 Indemnification

LIGHT OF HOPE EVANGELISTIC MINISTRY IS NOT RESPONSIBLE FOR ANY ACCIDENTS THAT OCCUR DURING THE TIME OF YOUR VOLUNTARY SERVICE AT THE ENCOUNTER 2024 PENNSYLVANIA PRISON CRUSADE.

I AGREE TO ABIDE BY ALL THE RULES AND DIRECTIONS UNDER THE **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 1-5 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 Light of

Hope Evangelistic Ministry Office 570-837-0649. **PRISON CRUSADE EXPENSES ARE NOT REFUNDABLE AFTER MARCH 8, 2024.**

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
 Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? ☐ 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: Religious Services				Primary Facility: SCI Camphill	
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 <u>all</u> 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	
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)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:

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: SCI Camphill	
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)		
			()	()		
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			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 ____/____/____

POLICY STATEMENT

The Prison Rape Elimination Act (PREA) Standards were enacted into law in 2003 to study and address prison sexual violence. Sexual abuse is against the law. The concept of "zero tolerance" is the foundation of the PREA Standards. Every provision of the standards is rooted in the notion that even one incident of sexual abuse or sexual harassment in prison settings is too many. Zero tolerance means that no sexual abuse or sexual harassment is tolerated, including abuse by inmates and by staff. **(28 C.F.R. §115.32[b])**

- Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action and may be subject to criminal prosecution.
- An inmate, employee, contract service provider, volunteer, and/or any individual who has business with or uses the resources of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual harassment or sexual contact with an inmate.
- A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

DEFINITIONS

Sexual Abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without the consent of the inmate:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however, slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (1) through (5) of this definition;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual Harassment:

- 1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
- 2) Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
CONTRACTORS/VOLUNTEERS/PUBLIC VISITORS/NON-DEPARTMENT EMPLOYEE
PREA Training Acknowledgment 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 **Office of State Inspector General**; the address is **ATTN: PREA Coordinator, Office of State Inspector General, 555 Walnut Street, 8th Floor, Harrisburg, PA 17101. (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])**

ACKNOWLEDGMENT 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.

Name: _____ (print) **Facility:** _____ (print)

I acknowledge on this date, **April 11, 2024** 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: _____

Witness Signature: Ulli A Klemm

Rev. Ulli Klemm, DTS, PA DOC

Date: **April 11, 2024**