



5926 Middle Rd. Beavertown, PA 17813

Phone: (570) 837-0649

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

Website: [lightofhope.org](http://lightofhope.org)

# *Muttie* PA-PRISON CRUSADE

**APRIL 30 - MAY 3**



Dear Beloved,

Greetings to you in the precious name of Jesus.

We are excited to announce another opportunity to hold a prison crusade in Pennsylvania, scheduled for April 30-May 3, 2026. It is a privilege for us as believers to share hope in Christ within a prison setting and witness the transformative power of God's word in the hearts of men and women who are in darkness.

This is an incredible opportunity and responsibility as we move forward, following Jesus' teachings in Mark 16:15. We are grateful for the chance to minister in Pennsylvania's prisons once again.

We invite you to partner with us in this short-term ministry opportunity. If you feel God is calling you to participate, please complete the enclosed volunteer application and return it to the address provided. If you have family members or friends who would like to join the prison crusade, feel free to make copies of the application or visit our website at [www.lightofhope.org](http://www.lightofhope.org) to download an application. To process your application, all pages must be completed and submitted by Friday, February 13th.

As in past events, we will hold an all-day orientation on Thursday, April 30th, at God's Missionary Church in Beavertown, Pennsylvania. More details will follow as we approach the date of the prison crusade.

We hope you will prayerfully consider partnering with us in this ministry opportunity. If you have any questions regarding the prison crusade, please feel free to call our office at (570) 837-0649.

For additional volunteer applications, you can visit our website at [www.lightofhope.org](http://www.lightofhope.org) and download as many applications as needed.

In Christ's service,

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

*Amos L. Stoltzfus*

**SHARING HOPE IN CHRIST**  
*In America's Prisons & Beyond*



# Mutti PA-PRISON CRUSADE

**APRIL 30 - MAY 3**

## Step No. 1 Personal Information

**Application Deadline Friday February 13th.**

Name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Did you volunteer at any (PA) Prison Crusades in the past five years \_\_\_\_ YES \_\_\_\_ No

City, State, Zip \_\_\_\_\_

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

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

Have you been Arrested in the past 10 Years: \_\_\_\_ Yes \_\_\_\_ No

Email \_\_\_\_\_

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

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

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

## 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.

### **DUBOIS & MCKEAN AREA**

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

### **HAZELTON AREA**

- \_\_\_\_ SCI Dallas
- \_\_\_\_ SCI Frackville
- \_\_\_\_ CCI Lackawanna (*Men & Women*)
- \_\_\_\_ FCI Schuylkill
- \_\_\_\_ Where Needed

### **MEADVILLE AREA**

- \_\_\_\_ SCI Albion
- \_\_\_\_ SCI Cambridge Springs (*Women*)
- \_\_\_\_ SCI Mercer
- \_\_\_\_ Where Needed

### **HUNTINGDON AREA**

- \_\_\_\_ SCI Huntingdon
- \_\_\_\_ FCI Loretto
- \_\_\_\_ SCI Smithfield
- \_\_\_\_ Where Needed

### **PHILADELPHIA AREA**

- \_\_\_\_ CCI Detention Corr. Facility
- \_\_\_\_ CCI PICC (*Men & Women*)
- \_\_\_\_ SCI Phoenix
- \_\_\_\_ SCI Riverside Corr. Facility
- \_\_\_\_ Where Needed

### **SELINGROVE AREA**

- \_\_\_\_ SCI Camphill
- \_\_\_\_ SCI Coal Township
- \_\_\_\_ SCI Muncy (*Women*)
- \_\_\_\_ FCI Allenwood
- \_\_\_\_ Where Needed

### **SOMERSET AREA**

- \_\_\_\_ SCI Laurel Highlands
- \_\_\_\_ SCI Pine Grove
- \_\_\_\_ SCI Somerset
- \_\_\_\_ Where Needed

### Step No. 3 Lodging Information

Lodging expenses include hotel rooms and breakfast each morning. Registration fees help cover costs related to the prison crusade, orientation, ministry materials, and more.

Please remember that if you choose to pay for accommodations for three or four people in a room, you will be placed in the same room with the number of individuals you requested. Each volunteer is responsible for indicating how many people they will be sharing a room with, as well as specifying their desired roommates. If you do not specify the names of your preferred roommates, Light of Hope will assign you a roommate. Please note that if you do not choose anyone to room with and there are no available individuals, you will be responsible for covering the cost of the

#### Which nights will you need lodging?

\_\_\_\_ Thur. April 30

\_\_\_\_ Fri. May 1

\_\_\_\_ Sat. May 2

#### Number of People Per Room | Cost Per Person / Per Night

\_\_\_\_ 1 person per room ..... \$160.00

\_\_\_\_ 2 people per room ..... \$80.00

\_\_\_\_ 3 people per room ..... \$53.00

\_\_\_\_ 4 people per room ..... \$40.00

#### **Requested Roommates:** (Optional)

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\_\_\_\_ How many nights of lodging.

\_\_\_\_ Number of people per room.

\_\_\_\_ **No lodging**

\$ \_\_\_\_ Cost per room per night.

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

\$ 100.00 + Registration Fee All volunteers are responsible for application fee.

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

\$ \_\_\_\_ **Total** (Send payment with Application or pay online).

To pay online visit [www.lightofhope.org](http://www.lightofhope.org)

☐ 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](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)

### 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, PRISON CANCELATION THAT MAY OCCUR DURING THE TIME OF YOUR VOLUNTARY SERVICE.**

I agree to abide by all the rules and directions of the Light of Hope Evangelistic Ministry and will serve with integrity, honesty, and modesty during my time in prison. I believe in the whole counsel of God and choose to follow and practice its truth as outlined in the scriptures while I serve in this short-term mission. Furthermore, I release and hold harmless the State of Pennsylvania Department of Corrections, the Light of Hope Prison Ministry, and any agents thereof. I will take full responsibility 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 ministry there. SIGNED \_\_\_\_\_ Date \_\_\_\_\_

Each volunteer is responsible for ensuring that their application is completed and that full payment is submitted with it.

Once we receive your completed application and full payment, we will submit your application to the prison and make the motel reservation.

With any questions or concerns please call Light of Hope Evangelistic Ministry Office 570-837-0649.

**PRISON CRUSADE EXPENSES ARE NOT REFUNDABLE AFTER MARCH 30<sup>th</sup>.**

SEND APPLICATION BACK TO LIGHT OF HOPE EVANGELISTIC MINISTRY P.O. BOX 131 MIFFLINBURG PA. 17844

**ALL PAGES 1-6 NEED TO BE COMPLETED & SIGNED AND RECEIVED BY FRIDAY, February 13<sup>th</sup>.**



# 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):	
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 #:	Alien Registration #:	Visa #:	
Sex:	Race:	Height:	Weight:
Current Address:		City:	State:
Prior Address:		City:	State:
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:	DEA Number:	NPI Number:	
Identify names, relationships, and locations of any inmates that you have visited or communicated with (email, mail, phone calls, etc.) within the past 12 months.			

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:

1.1.4, Centralized Clearances Procedures Manual

Attachment 4-A

Section 4 – Centralized Clearance Check Procedures

Issued: 11/2/2020 Effective: 11/9/2020

## 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: <b>SCI Camphill</b>	
3. Organization/College/University you represent:					Light of Hope	
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			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;

**1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual**  
**Section 3 – Operation of Volunteer Programs**

**Attachment 3-D**

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 \_\_\_\_/\_\_\_\_/\_\_\_\_



## Consent to Release Information for Prison Rape Elimination Act Compliance

### PRINT NAME

I, \_\_\_\_\_, having made application for employment with the Pennsylvania Department of Corrections (DOC), understand that the DOC must gather specific information about prior employment to comply with the Prison Rape Elimination Act. I hereby authorize the DOC to investigate and ascertain any and all information concerning my prior employment as it relates to sexual abuse and sexual harassment. I understand that the information or documents may be obtained from any person, document or other source, inside or outside the Commonwealth of Pennsylvania. I hereby expressly authorize any former employer to release that information to the DOC.

I hereby release all persons and/or agencies from any liability which might otherwise result from the release of said information to any member of the DOC and/or their subcontractors.

In consideration of this release, the DOC and their subcontractors will regard all information obtained as confidential. I understand that the same will not be released to any individual, including myself, or organization, absent good cause.

I agree that the DOC may admit this information into evidence in order to defend any administrative or court proceeding. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled, or **intellectually disabled**, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care?

NO ☒ YES ☐ If yes, this employment information must be included in Section 6 of this application regardless if experience occurred more than 5 years previously.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**VOLUNTEERS SIGN & DATE THIS SECTION ONLY**

**\*\*\*DO NOT SIGN BELOW IF YOU HAVE SIGNED ABOVE \*\*\***

I, \_\_\_\_\_, having made application for employment with the DOC, do not desire to sign the authorization stated above. I understand that the DOC may not hire an individual who will come in contact with inmates without conducting a background investigation compliant with the Prison Rape Elimination Act, and that declining to sign the above authorization will result in my being passed over for such employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date