



2026 PA-PRISON SOFTBALL OUTREACH & WORSHIP SERVICES

****Ministry Partners****

We are filled with gratitude for the incredible ministry opportunity before us to hold a Softball Outreach in Pennsylvania Prisons from August 21-23, 2026. This is a chance to share the transformative message of hope with men behind prison walls. We embrace this calling, guided by Jesus' command in Mark 16:15: "Go ye into all the world and preach the Gospel."

The Encounter Prison Softball Outreach offers a meaningful opportunity to express our care and extend hope to inmates in the yard throughout day Saturday. On Sunday, an uplifting Worship Service will take place in the chapel.

Enclosed are volunteer applications that must be completed and submitted with payment. Applications will not be processed until full payment is received, and all materials must be received at LOH Ministry Office by ****Friday, July 3rd****.

A volunteer orientation will be held at the LOH Ministry Office on ****Friday, August 21, at 1:00 PM****. Attendance is mandatory for all volunteers.

****P.S.**** All volunteers must present a photo ID or valid driver's license and complete the Centralized Clearance Form in the "Driver's License Info" section. Please include the photo ID or driver's license number in the "List OLN Number" section.

****Light of Hope Evangelistic Ministry****

All because of Jesus,
Amos Stoltzfus
Executive Director/Founder

Amos L. Stoltzfus

PA- PRISON SOFTBALL OUTREACH & WORSHIP SERVICES

AUGUST 21-23, 2026

VOLUNTEER APPLICATION

APPLICATION MUST BE RECEIVED BY FRIDAY, JULY 3RD

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 2026 Prison Crusade YES No

What Prison did you volunteer at _____?

Are You a First-Time Volunteer Yes No

Home Church _____

How long have you been a Christian (Believer) _____?

Pastor _____ Phone _____

Have you ever been arrested _____?

If Yes, please specify _____

Are you on probation _____

If Yes, please specify _____

SOFTBALL TEAM NAME _____

SOFTBALL TEAM CAPTAIN _____

Step No. 2 Mission Location

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> SCI Laurel Highlands | <input type="checkbox"/> SCI Dallas |
| <input type="checkbox"/> SCI Somerset | <input type="checkbox"/> SCI Mahony |
| <input type="checkbox"/> SCI Smithfield | <input type="checkbox"/> SCI Mercer |

Step No. 3 Nights of Lodging

Mark which nights you need lodging and how many people per room. Hotel requirements no more than four persons per room. Breakfast is included with the lodging price.

Which nights do you need lodging?

Fri. August 21

Sat. August 23

Rates (per person / per night)

1 person per room \$160.00 per night

2 person per room \$80.00 per night

3 person per room \$54.00 per night

4 person per room \$40.00 per night

No. of Nights _____ X \$ _____ **Rate** = \$ _____

Lodging Total

Step No. 4 Total Expenses

\$ \$100.00 Registration (due with application)

\$ _____ + Lodging

\$ _____ **Total (Include with application)**

Roommate _____

Step No. 5 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 all pages completed & signed.

SIGNED _____ Date _____

Each volunteer is responsible to have the application completed, and full payment sent with your application. We will be able to submit your application to the prison and make a motel reservation when the application is 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 1-5 must be completed in the section above and FULL PAYMENT MUST BE MADE. With any questions or concerns please call 570.412.5532. Prison Softball Outreach are not refundable. **Send application & Payment to Light of Hope 5926 Middle Rd. Beavertown, PA 17813**

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 all previous names:			
Date of Birth:		Social Security Number:	
Passport #:	Alien Registration #:	Visa #:	
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"/>	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>
ID Only license: <input type="checkbox"/>	OLN Number:		
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:

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted **ANNUALLY** by volunteers and public visitors to the Volunteer Coordinator at each facility in which the individual serves. Non-Governmental Official Visitors, Prison Society members, must sign and submit this form annually to the Centralized Clearance Unit. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input type="checkbox"/> Public Visitor <input type="checkbox"/> Prison Society				2. Home Facility:		
3. Organization you represent:						
4. LAST Name		5. FIRST Name		6. MIDDLE Name		
7. HOME ADDRESS						
8. Home TEL ()			9. Alternate TEL ()			
10. EMAIL Address				11. DOB / /		
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 meds▶					Yes	No
14. I have a metal implant that may trigger the metal detector ▶					Yes	No
15. EMER. CONTACT	Name	Relationship	TEL	TEL (Alternate)		
			()	()		

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), a Photo ID (Public Visitors) or an Official Prison Office Visitor Identification Card (Prison Society Non-Governmental Official Visitors) and/or to wear Department-issued ID visibly on my clothing will result in my being denied access to the facility;
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 be;
14. I am forbidden to hug inmates or to strike or lay hands on inmates 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 (Prison Society Non-Governmental Official Visitors excluded);

16. I am forbidden to contact an inmate's family or give an inmate my contact information (Prison Society Non-Governmental Official Visitors excluded);
17. I am required to report if an inmate attempts to make outside contact with me by any medium (Prison Society Non-Governmental Official Visitors excluded);
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/respective staff 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 what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders 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 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) and provide this information to the Volunteer Coordinator
 - 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 Coordinator and the privilege of communicating with this individual outside approved programing opportunities available in the institution will cease (Prison Society Non-Governmental Official Visitors excluded);
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 Department or if an immediate family member, significant other or close friend now works in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department.
32. By my signature below, I agree to abide by the rules and regulations of the Department as outlined in the **Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E)** and about which I have otherwise been informed.

SIGNATURE _____ DATE ____ / ____ /20 ____

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

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 _____ 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:  _____

Date: 6/11/2026