



Good News Jail & Prison Ministry * 9320 Lee Ave. * Manassas, VA 20110

Volunteer Questionnaire

Date: _____ **D.O.B.** _____ **SS#** _____

Name: _____
(Include appropriate clerical/ministerial title)

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____
(Include Street Address, City/Town, State and ZipCode)

Affiliation: _____
(Include Denomination and primary place of ministerial activity)

Work Phone: _____ **Home Phone:** _____ **Cell#:** _____

E:Mail Address: _____

Language: _____
(List all spoken languages in descending order of proficiency and approximate % fluency if any)

Have you had any prior involvement in prison ministry? If yes where, when and for how long:

The following matrix will be used to construct a program that avoids conflicts and maximizes your generous commitment to support Good News Jail & Prison Ministry's program. This form only solicits the type of activities and your availability. It does not guarantee you the times or activities indicated.

Activities: (Please circle all that apply) Literature Distribution, Counseling, Office Work, Bible Study, Worship Service, Musician, Mentoring, Prayer Partner, Preaching, Bible Lesson Grading, Other: _____

Please select the type of activity from the above list and place it in the column titled "Activity". Then indicate the hours that you would be available.

Day of Week	Activity	Time Available: (be specific ie. 7:00 pm – 9:00 pm)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Your reason for volunteering: _____

