

APPLICATION FOR FLORIDA PRISON MINISTRIES

CREDENTIALS

Fill out and return to the Conference office

P. O. Box 162685

Altamonte Springs, FL 32716

Date _____, 20_____

Name _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth: _____

Title applying for _____

(see back of form)

How many years prison ministry experience: _____

Have you completed a prison ministry training program? _____

Date of course _____ Location _____

Instructor's name _____ Phone: _____

Instructor's address: _____

City _____ State _____ Zip _____

Name of institution(s) you are, or planning on, working in: _____

Have you completed an institution orientation? _____

Lay-Chaplain Coordinator: _____

May we verify the information you have provided on this application? _____

Signature of Applicant _____

Name of Church _____ Church Board approval _____ 20_____

Signature of church secretary _____ Signature of Pastor _____