



Dear Volunteer Candidate,

Thank you for your interest in volunteering for Liberty Ministries. Liberty Ministries has been active in prison ministry for over twenty seven years. Our Volunteers have been a driving force behind the ministry's success from the very beginning.

We look forward to working with you in achieving what God has placed on your heart by reaching out to those in prison and recently released. To ensure your complete understanding of what is required of a Liberty Ministries volunteer, by our ministry and the administration of the correctional facility, if you are volunteering for in-prison work, and to provide us with important information with which to facilitate the process, we have compiled this volunteer application package. Read it thoroughly first, then complete it in its entirety.

ALL VOLUNTEERS

1. Complete, sign and date the Liberty Ministries Volunteer Application.
2. Sign and date the Liberty Ministries Volunteer Guidelines form
3. Sign, date and record the desired information on the Statement of Faith form.
4. Sign and date the Covenant for Volunteers form.
5. Sign and date the Volunteer Release Waiver.
6. Complete the "Requester Identification" section of the Pennsylvania State Police Request For Criminal Record Check, pertaining to Name, Social Security Number, Date of Birth, Sex and Race. This form must be mailed to:

Pennsylvania State Police
Central Repository – 164
1800 Elmerton Avenue
Harrisburg, Pa. 17110-9758

Be sure to include a Money Order (DO NOT send a check) for \$10.00.

7. Complete the Liberty House Volunteer and / or In-Prison Volunteer Work Preference Form.

IN-PRISON VOLUNTEERS

8. Complete, sign and date the Montgomery County Correctional Facility Volunteer Application.

Please feel free to contact me if you have any questions. On behalf of Liberty Ministries I thank you again for your interest in our important work. We look forward to working with you.

Sincerely,

Steve Poloway
Prison Program Director



VOLUNTEER APPLICATION

NAME: _____ **SS#** _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **email Address:** _____ **US CITIZEN?** Yes No

Have you ever been convicted of a crime? Yes No **Aliases:** _____
Conviction of a crime will not, in every case, cause your application to be disapproved.

If yes, describe the charges and outcome: _____

Where do you attend church? _____ **Pastor's Name:** _____

Church Address: _____ **City:** _____ **Zip:** _____

How long have you attended? _____ **Positions Held:** _____

How long have you been a Christian? _____

Educational Level: 9, 10, 11, 12 Bachelor's Master's PhD
(circle the highest level you have completed)

Have you ever worked with inmates or ex-inmates? Yes No

If yes, describe where, what you did and for how long: _____

Where would you like to volunteer? In Prison Liberty House Liberty Thrift

In What Capacity? _____ **How Often?** _____

I verify that the above listed answers are true and correct to the best of my knowledge. I understand and agree that if any answers are determined to be fraudulent I forfeit my opportunity to volunteer for Liberty Ministries. If selected to volunteer I agree to submit to Liberty Ministries Guidelines for Conduct and Statement of Faith. I hold Liberty Ministries harmless for any harm to my person while volunteering and take full responsibility for my actions.

Signature: _____ **Date:** _____



VOLUNTEER GUIDELINES

If you are successful in your candidacy to become a Liberty Ministries Volunteer, the following will be expected of you.

- Volunteers are expected to conduct themselves in a way that would bring honor to the Lord Jesus Christ.
- Volunteers are expected to be respectful towards Liberty Ministries' staff and correctional facility officers and staff
- Volunteers are expected to comply with all rules and regulations of Liberty House and the correctional facility even if they cannot see the wisdom in the rule or regulation.
- Volunteers are expected to treat inmates and aftercare residents with dignity and respect.
- Volunteers are expected to foster a mentor/disciple, teacher/student relationship only, with an inmates or aftercare residents. Relationships of any other kind are discouraged and may result in a loss of status as a Liberty Ministries volunteer.
- Volunteers are expected to be on time for their scheduled volunteer activity.
- Volunteers are expected to contact their volunteer supervisor, within ample time to find a replacement, if they are unable to meet their scheduled volunteer activity.
- Volunteers are expected to notify Liberty Ministries of any change in address, phone number or other contact information within 5 working days of the change.
- Volunteers must notify Liberty Ministries immediately if arrested for any reason.
- Volunteers agree not to hold Liberty Ministries responsible for any personal injury sustained while performing their duties as a volunteer.
- Volunteers agree not to hold Liberty Ministries responsible for property or materials that may be lost, stolen or damaged while performing their duties as a volunteer.

I have read, agree with and will abide by Liberty Ministries' Volunteer Guidelines.

Signature of Volunteer Candidate

Date



COVENANT FOR VOLUNTEERS

Liberty Ministries needs volunteers to accomplish the work before us. We extend a warm welcome to the individual who desires to serve Jesus Christ by teaching and mentoring men and women who are in prison and those recently released.

In order to provide the finest services for the prison population and those in aftercare, Liberty Ministries seeks men and women who are dedicated to excellence in their teaching and mentoring as well as their personal lives. People who work in the in-prison and aftercare ministry are not only teaching and training people – conveying information – but are also living examples of people whose lives have been transformed by the Lord Jesus Christ. Volunteers are not called to simply teach, “Do what I say.” As Christians with lives dedicated to Christ, the volunteer must also model and teach, “Do as I do.”

Each Liberty Ministries volunteer is expected to make covenant with Liberty Ministries to uphold our Statement of Faith. Each volunteer is also expected to teach, train and mentor in a professional manner exemplifying a life transformed by Jesus Christ. This requires your language, demeanor, attitude, dress, timeliness, and preparation for teaching/mentoring to be such that it glorifies God.

Each Liberty Ministries volunteer is expected to make available, upon request, the curriculum and teaching materials utilized while representing Liberty Ministries.

Each Liberty Ministries volunteer will keep a record of the dates and times of their service to the ministry and will submit it to Steve Poloway, Prison Program Director each month.

I hereby covenant with Liberty Ministries to conduct my ministry as a volunteer in the manner described above.

Signature of Volunteer Candidate

Date



STATEMENT OF FAITH

We believe in one God, Creator and Lord of the Universe, the co-eternal Trinity; Father, Son, and Holy Spirit.

We believe that Jesus Christ, God's Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary, atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God's authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins, and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal and apostolic Church. Its calling is to worship God and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power and mission.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever, and exclude all evil, suffering, and death.

I have read Liberty Ministries' Statement of Faith. I understand it, believe it to be true and pledge not to teach anything contrary to it.

Signature

Date



VOLUNTEER RELEASE WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

In consideration for allowing the undersigned to participate in activities related to Liberty Ministries THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges and agrees that he/she accepts full responsibility for his/her own safety and for determining that no obviously dangerous conditions exist that could affect his/her own safety at any of the sites; and
2. Acknowledges, agrees and represents that his/her participation in the Programs constitutes and acknowledges that he/she finds and accepts the sites as being safe and reasonably suited for the purpose of his/her use, and further agrees and warrants that if, at any time he/she feels anything to be unsafe, he/she will immediately advise Liberty Ministries of such and will immediately withdraw from the dangerous area: and
3. Hereby releases, waives, discharges and covenants not to sue Liberty Ministries, 565 Main Street, Schwenksville, Pennsylvania or any subdivision thereof, and each of them, their respective affiliates, subsidiaries, parent entities, and each of their officers, directors and employees, and representatives (all for purposes herein referred to as "Releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefrom on account of injury to the person or property or resulting in death of the undersigned en route to/from the site, in or upon the site, or while observing, working for, or participating in the Programs; and
4. The undersigned hereby agrees to hold harmless and to indemnify the Releases from and against all claims, actions, damages and expenses, including but not limited to reasonable attorney's fees for any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of or related to his/her presence or participation in the Programs, whether caused, in whole or in part, by the sole or concurrent negligence or wrongdoing of the Releasees or any negligent, reckless or intentional act of commission or omission on the part of the undersigned, his/her heirs, successors or assigns.

THE UNDERSIGNED, expressly agrees that the foregoing release, waiver of liability, and indemnification agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Volunteer Candidate

Date

Liberty House Volunteer Work Preference Form

Name: _____

Mondays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
7:00 – 8:00 PM	Bible Study
By App't.	Mentor

Tuesdays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
7:00 – 8:00 PM	Bible Study
By App't.	Mentor A Man

Wednesdays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
7:00 – 8:00 PM	Bible Study
By App't.	Mentor A Man

Thursdays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
7:00 – 8:00 PM	Bible Study
By App't.	Mentor a Man

Fridays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
7:00 – 8:00 PM	Bible Study
By App't.	Mentor a Man

Saturdays:

6:00 – 9:00 AM	Drive the Men to Work
3:00 – 6:00 PM	Drive the Men Back to L. H.
By App't.	Mentor a Man

I wish to volunteer for the following:

Day	Time	Position

In - Prison Volunteer Work Preference Form

Name: _____

Please select the session or sessions that you would be most interested in volunteering for. Sessions meet on each of the assigned days and times, generally, without exception.

PREP (Pre-Release Educational Programs) are 12 weeks in length and run throughout the year.

Mondays:

10:00 - 11:00 AM	F	Women's Bible Study
6:00 - 7:00 PM	F	Women's Bible Study
6:00- 7:30 PM	M	PREP - Personal Faith Bible Study
8:00 - 9:30 PM	M	PREP - Pris. Fellow. Life Skills

Tuesdays:

2:30 - 4:00 PM	M	Men's Bible Study - English
6:00 - 7:30 PM	M	PREP - Ephesians - Bible Study
8:00 - 9:30 PM	M	PREP - Yokefellow Discussion Group

Wednesdays:

6:00 PM	M	Men's Bible Study
6:00 - 7:30 PM	M	PREP - Doctrinal Bible Study
8:00 - 9:30 PM	M	PREP - Mentoring

Thursdays:

12:00 - 1:30 PM	F	Women's Bible Study
6:00 - 7:30 PM	M	PREP - Relationships
8:00 - 9:30 PM	M	PREP - Overcomers
8:00 PM	M	Men's Bible Study

Fridays:

6:00 - 7:30 PM	M	PREP - Life Skills
8:00 - 9:30 PM	F	Women's Bible Study

I wish to volunteer for the following:

Day	Time	Program

Montgomery County Correctional Facility
60 Eagleville Road, Norristown PA, 19403
Volunteer Application and Background Check Information
All information will be kept confidential.

This information is for security and emergency purposes only.

Please Print

1. Name (Last, First, M.I.) _____ Date of Birth: _____
Maiden Name if applicable: _____ Social Security #: _____
Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Affiliation: _____ Assignment: _____
2. Notify in case of Emergency: Name & Relationship: _____ - _____
Address: _____ City/State/Zip: _____ Phone: _____
3. Do you have any physical and/or psychological handicaps? ____ Meds.?: _____
If yes, explain: _____
4. Have you ever been confined in a federal, state, county or local prison? _____
If yes, explain: _____
5. How were you referred to us, and what volunteer service do you wish to provide? _____

The above information that I have provided is true and correct to the best of my knowledge. I understand that this information will be used in an NCIC background check. I understand that the Warden of Montgomery County Correctional Facility or his Designee, reserves the right to reject any application and/or refuse the applicant's admittance to the facility at any time without cause.

Signature: _____ Date: _____

NOTICE OF DANGEROUS CONDITIONS AND ASSUMPTION OF RISK

By my signature, I attest that I have been fully advised and clearly understand that the property I seek to enter as a volunteer is under the supervision of the Warden, the staff and under the control Montgomery County and that the property is a place of confinement for individuals who have been charged with crimes and are awaiting trial and/or have been convicted and are serving their sentences. I assume all risks which result from the normal operation of the Correctional Facility.

Signature: _____ Date: _____

RECEIPT AND AGREEMENT

I have received a copy of the volunteer handbook containing guidelines regarding my volunteer activities while at the correctional facility. I agree to abide by all rules and regulations contained in this handbook or otherwise provided.

Signature: _____ Date: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	LIBERTY MINISTRIES		
ADDRESS	P. O. Box 87		
CITY	Schwenksville, Pa.	STATE	ZIP 19473

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

6	1	0	-	2	8	7	-	5	4	8	1
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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

***** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING)
 ELDER CARE
 CHILD CARE
 SCHOOL DISTRICT
 ADOPTION/FOSTER CARE
 OTHER (SPECIFY) Prison Ministry Volunteer

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
 (AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

REQUESTER CHECKLIST DID YOU ENTER THE FULL NAME, DOB, AND SOC? DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)? *** DO NOT SEND CASH OR PERSONAL CHECK *** DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?	AFTER COMPLETION MAIL TO PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

INFORMATION DISSEMINATED <input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED	INQUIRY DISSEMINATED BY SID NUMBER
THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER. <input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE <input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME	CERTIFIED BY (DIRECTOR, CENTRAL REPOSITORY)

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.