

**Diocese of Kalamazoo  
Prisoner Pen Pal Program  
PRISONER APPLICATION FORM**

Date: \_\_\_\_\_

Name and Number: \_\_\_\_\_

Address of Prison: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: Did you graduate from High School? \_\_\_\_\_  
HS \_\_\_\_\_ AA \_\_\_\_\_ BA/BS \_\_\_\_\_ Masters \_\_\_\_\_ PhD \_\_\_\_\_

Job Skills: \_\_\_\_\_

County of Conviction: \_\_\_\_\_  
\_\_\_\_\_

Nature of Your Crime: \_\_\_\_\_

Your Sentence: \_\_\_\_\_

Date Began Serving Sentence: \_\_\_\_\_

Expected Date of Parole Hearing: \_\_\_\_\_

Do you have any preferences for your pen pal? Please list \_\_\_\_\_  
\_\_\_\_\_

**I have read and understand the Prisoner Pen Pal Program guidelines and will abide by them as indicated by my signature next to each requirement listed below.**

I will not encourage anything more than friendship from my pen pal \_\_\_\_\_

I will not ask my pen pal for money \_\_\_\_\_

I will not ask my pen pal to visit me \_\_\_\_\_

I will not ask my pen pal to phone me \_\_\_\_\_

I will not ask my pen pal to get involved in my legal matters \_\_\_\_\_

I will not ask my pen pal to send a photograph \_\_\_\_\_

**Return to:**

**Jail Ministry/ Pen Pal Program  
Diocese of Kalamazoo  
P.O. Box 114  
Nazareth, MI 49074**