

**Diocese of Kalamazoo  
PRISONER PEN PAL PROGRAM  
VOLUNTEER APPLICATION**

Date of Application: \_\_\_\_\_  
Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone:(day)\_\_\_\_\_ (evening)\_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Catholic\_\_\_\_\_ Protestant\_\_\_\_\_ Other\_\_\_\_\_  
Religious:\_\_\_\_\_ Single:\_\_\_\_\_ Married:\_\_\_\_\_  
Name of Parish: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number of years at parish: \_\_\_\_\_  
Male:\_\_\_\_\_ Female: \_\_\_\_\_  
Career/Occupation\_\_\_\_\_

Reasons for Wanting to be a Pen Pal:

I, the undersigned, am at least 18 years old; have carefully read and understand the Prisoner Pen Pal Program guidelines; and can endorse the program's philosophy wholeheartedly.

Applicant

Signature: \_\_\_\_\_

Mail completed application to: **Jail Ministry/ Pen Pal Program  
Diocese of Kalamazoo  
P.O. Box 114  
Nazareth, MI 49074**