



InnerFaith Prison Ministry, Inc.

2026

P.O. Box 51574 Lafayette, LA 70505 Office: 337-257-9597 or 337-288-1744
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www.facebook.com/innerfaithpm

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

PRINT FULL NAME as on drivers license: _____

T-Shirt Size: _____ Marital Status: _____ Employment: _____ Position: _____

CHRISTIAN TESTIMONY

I heard about InnerFaith from: _____

Church I attend: _____

I am currently serving God by: _____

Pastors Name: _____

God has delivered me from: _____

Church address: _____ City: _____

I have been saved/serving Christ for _____ years.

PROCESSING FEES are \$30 per Revival and are **NON-REFUNDABLE** (These fees are waived w/ paid membership)

HOTEL FEES will be **NON- REFUNDABLE** 2 weeks prior to revival. (Please check rooming preference in the box below)

4 to a Room: \$35.00/night 3 to a Room: \$47.00/night 2 to a Room: \$70.00/night 1 to a Room: \$140.00/night

Charge my revival fees on Credit/Debit Card # _____ - _____ - _____ - _____ Exp. Date _____ - _____

The Prisons I would like to minister in are: _____

I would like you to keep my credit/debit card on file to use for all revivals and InnerFaith/Little Lambs events I choose to attend I understand that I will be notified and asked prior to being charged and that all information is stored in a secured accounting program

I would like to become a member for \$125 for the year and waive all the \$30 processing fees

VOLUNTEER LIABILITY RELEASE FORM

I _____ by signing this application/form do hereby state all information stated is truthful and I also do hereby acknowledge/agree to abide by all rules, regulations and policies that have been established by the Department of Public Safety and corrections; as well as those of InnerFaith Prison Ministry. If I do not understand any regulation or policy, I will not enter the prison facility until I have proper clarification. In the event of a rule violation, my ignorance of policies and procedures will not be an acceptable excuse. As a volunteer I do fully understand, accept, and acknowledge that I am fully responsible for all injuries or accidents which may/can occur to my persons or possessions during my work as a volunteer at a prison facility. I agree through my own choice and decision to participate with the ministry and activities of InnerFaith. I do understand and acknowledge that because I will be inside a prison facility-some of the risks involved are/could be more severe, such as/ but not limited to sports injuries, running, slipping, bodily injury from an inmate/volunteer, slander, stolen identity, being held hostage, etc. I choose to participate in these activities and volunteer in spite of the very real and possible risks involved. I also do understand that I may be photographed/videoed, and these may be used for promotional purposes throughout the state of Louisiana and possibly other states as well. I do willingly and knowingly release InnerFaith Prison Ministry, the Prison Institution, any and all of their staff and/or volunteers from any liabilities that may occur such as death, accident, sickness, lawsuits, mental anguish, and all other injuries which may/could occur now/later as a result of my participating as a volunteer, being photographed/videoed, attending/transporting to/from, and/or participating in or around any/all activities at this event. I will, to the best of my ability, always uphold a High and Godly standard of Christian conduct while at the prison facility. Further, I am aware of the fact that any violation of these rules, regulations and/or policies may result in the suspension of my participation as a volunteer. I am also aware that any violation may/can cause the partial or complete discontinuation of the ministry of which I am a part.

I do understand that this form shall/will be legally binding. By signing below, I state that I have been made fully aware of all the risks involved and I do fully understand and agree to the written terms of this volunteer liability release. I also state by signing that I fully comprehend what these terms mean.

MY SIGNATURE: _____

DATE: ____/____/2026

Have you ever been arrested? ____ If Yes, Charge? _____ Year? ____ DOC# _____
Have you ever had any sexual misconduct charges? _____ Are you now/or ever been/on parole? _____
If yes, list when, where & parole/probation officer's name: _____

Volunteer Registration and Agreement

Printed Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Race/Sex: _____

Social Security #: _____ Driver's License #: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ E-Mail Address: _____

Have you ever been arrested? Yes ___ No ___ Have you ever been convicted of a felony? Yes ___ No ___

Are you now or have you ever been on probation or parole? Yes ___ No ___

If yes to any of the questions above, please explain (include charge, when, where, DOC number, parole or probation officer's name): _____

Are you related by blood or marriage to any offender housed in a DPS&C facility? Yes ___ No ___

If so whom? (Name, DOC # and location of offender): _____

Are you on the approved visiting / phone list of any offender housed in a DPS & C facility? Yes ___ No ___

Have you or any member of your family been the victim of a crime? Yes ___ No ___

If yes, what was the crime? _____

Where is / was the offender incarcerated? _____

Have you ever been removed from service at this or any other state or local facility? Yes ___ No ___
If so, where? _____

Are you currently a volunteer at any other state or local facility? Yes ___ No ___

If so, where? _____

Sponsoring Organization: InnerFaith Prison Ministry, Inc.

Contact Person: Russell Roseberry Phone Number: 337-257-9597

NOTE: This form must be submitted to EACH institution where the volunteer desires to serve. The volunteer must be approved by EACH institution prior to service.

As a volunteer with the Department of Public Safety and Corrections (DPS&C), I hereby agree to abide by all Policies, rules and regulations in the conduct of my activity. I will cooperatively serve at the discretion of the Unit Head. I understand that I am required to attend an orientation program and other training that may be necessary in order to be made aware of the policies, procedures, rules and regulations of the DPS&C, especially policies regarding confidentiality, hostage situations and information on sexual assault and sexual misconduct. I also understand that any falsification of the above information, failure to comply with the policies, procedures, rules and regulations could result in my termination as a volunteer and may result in my arrest.

Signature of Volunteer

Date

Result of Criminal History Check:
Volunteer Approved: _____
Volunteer Not Approved: _____
Checked By: _____

INSTITUTIONS WHERE VOLUNTEER DESIRES TO SERVE

RULES AND GUIDELINES FOR VOLUNTEERS OR GUESTS

Below are rules meant as a brief summary of what is expected of volunteers or guests entering a Department of Public Safety and Corrections unit. Any problems, questions or concerns should be addressed to the staff contact or appropriate security person. By signature below, the volunteer or guest acknowledges and understands the importance of following these rules and guidelines and that a violation of these or any other unit rule or guidelines may result in immediate and future termination of service and/or removal from the unit.

All visits to the unit must be approved in advance by the Unit Head or designee.

All personal vehicles must be parked in the parking lot at the Front Gate (or other designated area) unless authorized to drive in.

When unattended, the vehicle must be locked with the windows up and the keys removed.

All guests are subject to a search of themselves and vehicle before entering the unit.

All vehicles, including the trunk area, will be checked by the Front Gate Security Officers upon leaving an institution.

Posted speed limits on institutional grounds will be adhered to.

Intoxicating liquors, weapons, drugs, cell phones or any other articles, substances or things that may be considered to endanger security will not be brought into or stored in any part of the unit. This includes a parked, locked vehicle.

No cameras, tape players, recorders, etc. can be brought into the unit without the express permission of the Unit Head or designee.

Nothing, including food items, drinks, metal utensils, religious literature, pamphlets, etc. is to be carried into the unit unless prior approval has been granted by the Unit Head or designee.

No one may enter the unit under the influence of alcohol or other intoxicants. An odor of alcohol is sufficient to deny entry. Medication must be checked at the Front Gate (or designated area) before entering the unit.

Institutional guests are not allowed to wear the following combinations of clothing since offenders wear these combinations: blue jeans and blue chambray shirt; blue jeans and a white tee shirt; blue jeans and sweat shirt; sweat suits or blue jean jackets.

Guests are allowed only in the area or areas where they have been given permission to be.

Unless authorized, no guest will bring anything to an offender, take anything from an offender or assist an offender in passing something to someone else.

Guests SHALL NOT develop nonprofessional relationships with offenders, with an offender's family or with an offender's friends. This includes, but is not limited to, the writing of personal letters and making personal phone calls to offenders, offenders' family or friends.

No money can be given to an offender by anyone for any reason.

Signature of Volunteer or Guest

Date

InnerFaith Prison Ministry

Organization

Form C-01-022-C
30 April 2015

Louisiana Department of Public Safety and Corrections
Sexual Assault and Sexual Misconduct with Offenders
Volunteer, Intern and Contractor Acknowledgement

Any sexual activity or relations or attempted sexual activity or relations between a volunteer, intern or contractor and or an offender are expressly forbidden. Any violation will result in disbarment from the unit and may include the filing of criminal charges as warranted.

I have read and understand the above.

Name (Print)

Kristie Monson

Witness (Print)

Signature

Kristie Monson

_ Witness Signature

Date

Date