

Prison Outreach Event Application January 26 - 30, 2025

Registration deadline: November 30, 2024

Name		Social Security #	Social Security #	
Spouse's Name			•	
Mailing Address		Driver's License / ID State _	Driver's License / ID State	
City, State, Zip)	Date of Birth	Male	
Cell Phone		Race	Female	
Email		Home Church		
		irmation, information, and updates will be sent via email a, please call our office at 251-368-8818 to make special		
First-Time	Volunteer? Yes	No (If no, skip to step 2)		
References	Name	Contact		
	Name	Contact		
_		**Payment \$150 per person - \$50 Discount of the property of the person in the property of the person is a property of the person in the person in the person is a person in the person i		
	Check Enclosed o	r pay online by using the QR code e at 251-368-8818.		
Cancellation Policy: Registration is refundable, less \$25 admin costs, with cancellation notice by January 3 .				
		Liability Release		
state of Flor	ida and Alabama Dept. of Co	ctions under which my presence in prison is allowed; I re corrections, We Care Program, and any agents thereof for ay occur as a result of my presence in prison during the	any harm or damage, whether	
Name (prin	ted)	Signature		

Step 1 | **Personal Information** (Please print clearly and fill out completely.)

Step 3 | **Location** You will be cleared in **ONE** state only.

Please mark 1st and 2nd preferences with 1 and 2. Choices will be honored when possible, but are not guaranteed.

Person(s) you would like to serve with:

Alabama

Atmore Base	Montgomery Base	Birmingham Base			
Fountain (Men) Fountain Annex (Men) Holman (Men) Thrift Stores (Men/Women) Metro Jail (Men/Women) Where Needed	Elmore (Men)	Bibb (Men) Donaldson / Hamilton / Limestone (Men) St. Clair (Men) Birmingham WR (Women) Lovelady Center (Women) Where Needed Troy Base Bullock (Men) Easterling (Men) Ventress (Men) Where Needed			
OR OR					
Florida FDOC Pin# (If known)					
Atmore Base Century (Men) Santa Rosa (Men) Santa Rosa Annex (Men) Where Needed					

Step 4 | **Return this form to We Care Program** (Mail or Fax)

3493 Highway 21, Atmore, AL 36502 • Fax: 251-368-0932

For more information call 251-368-8818 • email: renewhope@wecareprogram.org

Step 5 | Lodging