ABE BROWN MINISTRIES, INC.

POST OFFICE BOX 11453 TAMPA, FL 33680

Phone: 247-3285, 247-5227

INTER-DENOMINATIONAL --- INTER-RACIAL

REACHING INTO HEARTS AND MINDS TO FREE SOULS

VOLUNTEER INFORMATION

Please indicate the area in which you desire to be of service to the Ministry. It is very important that all information be printed clearly and correctly.

____ Choir ____ Counselor ____ Youth Outreach
____ Food Bank ____ Platform Guest
Other _____

PLEASE INCLUDE YOUR SALVATION TESTIMONY ON THE BACK OF THIS PAGE.

NAME _____
(Last) (First) (Middle)
ADDRESS_____
(Street Name/Apartment Number, City, State, Zip)

DATE OF BIRTH_____ RACE/SEX_____ SSN_____
PLACE OF BIRTH_____

HEIGHT _____ WEIGHT _____ COLOR: EYES_____ HAIR
DRIVER'S LICENSE #: _____

TELEPHONE area code)_____(RESIDENCE)_____(BUSINESS)
Fax #: _____ Email: _____
AVAILABILITY: DAYS ____ EVENINGS ____ SATURDAYS ____ SUNDAYS
RELATIVE IN THE PRISON SYSTEM? ☐Yes ☐No Which prison? _____

(Optional) In case of emergency, please notify:
NAME_____ RELATIONSHIP_____
ADDRESS_____ TELEPHONE _____
++
It is important that all ex-offenders complete this portion:

D.O.C. #_____ Ex-Offender ____ Parolee ____ Probationer
Date of Expiration _____ Nature of Crime
Name/Location-Last Institution
Offense:
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The information on this form will be kept confidential within the files of the Prison Crusade Center.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or registration form commits a crime punishable by Federal law by fine, imprisonment, or both.

_____
(Signature) (Date) _____

Date