



APPLICATION

June 21-29, 2013

Ages 20 and up

All applications must be received by May 31.

→ PERSONAL Please PRINT CLEARLY and fill in ALL personal information.

Name: _____ Date of Birth: _____
 Mailing Address: _____ Social Security #: _____
 City, State, Zip: _____ Driver's License #: _____
 Home Phone: _____ Driver's License State: _____
 Cell Phone: _____ Marital Status: _____
 E-mail: _____ Race: _____
 First Prison Visit with We Care? Yes No Gender: Male Female
 Home Church: _____ T-Shirt Size: _____

→ REGISTRATION FEE

\$375 includes lodging, most meals*, and a share of the total Discover costs. Payment must be included with the completed application unless other arrangements have been made.

Payment method: Cash Check (payable to We Care Program) Credit Card (below)

Card Type: Visa MC Discover Credit Card #: _____ Exp Date: ____/____

Security Code: _____ Cardholder's Signature: _____

**All participants are asked to self-pay five "eat-out" meals during this event.*

→ LEGAL

Have you been arrested within the last 7 years? _____ If so, state dates and charges. _____

If you served time in jail/prison within the last 7 years, what institution? _____

Date of Release: _____ Are you currently on parole or probation? _____

→ REFERENCE

In respect to the security concerns of the prisons we are entering, please provide us with the name and phone number of a Christian friend (not kin) to serve as a reference.

Reference: _____ Reference phone: _____

→ CONSENT

I agree to abide by all rules and directions under which my presence in prison is allowed. Further, I release and save harmless the State of Alabama, the Alabama Department of Corrections, We Care Program, and any agents thereof, for any harm or damage, whether mental or physical, that may occur as a result of my presence in prison or during the course of my ministering in the same.

Signed: _____ Dated: _____

Return to: We Care Program

ADDRESS: 3493 Highway 21, Atmore, AL 36502

PHONE: (251) 368-8818

FAX: (251) 368-0932