

# → GO APPLICATION

June 15-24, 2012

Ages 20 through 35  
All applications must be received by **May 28**.

## → 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 GO event 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