



Inmate/Ex-Offender Request for Assistance Form

First Name: _____ Middle: _____ Last: _____

Prison/Jail ID#: _____ Date of Birth: ____/____/____ Are you registered? Y ___ N ___

Institution Name: _____ Location: _____

Counselor's Name: _____ Convicted of? _____

Where: City/County _____ State: _____

Release Date: ____/____/____

Was this your first incarceration? Yes: ___ No: ___ Number of times: _____ Number of years: _____

Was incarceration due to: Alcohol Abuse? ___ Drug Abuse? ___ Other: _____

Have you been through treatment? Yes: ___ No: ___ Where? _____ When? _____

Length of Probation/Parole: _____ PO's Name: _____ District: _____

General Information:

Your Hometown: _____

Contact Name of anyone who will help with your release: _____

Contact's Phone Number(s): _____

Were you in the military? Yes: ___ No: ___ Which branch? _____

Education:

Last Grade Completed: ___ GED: ___ College: ___ Trade: ___ Graduation Date: ____/____/____

Trade School Name: _____ Trade: _____

College/University Name: _____ Major: _____

Apprenticeship Program: Type: _____ Date: ____/____/____

Classes or Job Skills while incarcerated: Safe Serve: ___ OSHA: ___ Welding: ___ HVAC: ___ Other: _____

Work Experience:

Work before incarceration: _____

Work during incarceration: _____

Family:

Marital Status (check all that apply): Single: ___ Married: ___ Divorced: ___ Never Married: ___ Cohabiting: ___

Name of Family Contact (who will know where we can reach you): _____

Phone: _____ Relationship: _____

Number of Children: B: ___ Ages: _____ G: ___ Ages: _____

Are children in foster care? No: ___ Yes: ___ Where: _____

Guardian's Name: _____ Phone: _____

Send completed form to: Kingsway Prison and Family Outreach, PO Box 2335 Harrisonburg, VA 22801



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List your current request(s) from Kingsway (*we assume that if you do not list a need, you do not need anything*):

Please tell us anything you would like us to know about yourself, your interests, what you would like to accomplish in your current situation, and/or future goals:

Prayer Concerns or Requests:

Your Home Plan address, or if released, your current address:

Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Current Phone # (if you have one): _____

Kingsway has my permission to verify this information and share it with Christian people who may be able to help me.

Your signature: _____ Date: ____/____/____

Print Your Name: _____

Send This Form To: Kingsway Prison and Family Outreach PO Box 2335
Harrisonburg, VA 22801
Or Email to: info@kingswayoutreach.org

If you will need a job, please attach a resume.

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