

Aid to Inmate Mothers Volunteer Application

Name _____ Address _____

City, State, Zip _____ Phone _____

Alternate # _____

Present Employment/Position: _____

Date of Birth _____

Driver's License _____

State/Exp _____

Do you own a vehicle? _____

Name of Ins. Carrier _____

Previous volunteer experience: _____

How did you hear about AIM? _____

Personal feelings about women in prison and their children: _____

Have you ever been convicted of a felony? _____

Have you ever visited a prison? If yes, where: _____

Do you have children? _____ If yes, how many? _____ Gender/Ages _____

Have you ever had to care for any children other than your own? If yes, please describe the situation or experience: _____

Do you have a regular affiliation with a church or other house of worship? _____

If yes, name and location: _____

Do you feel your church/house of worship would be interested in participating with AIM? _____

If yes, provide contact information: _____

Please list two personal references and contact information:

1. _____

2. _____

Area/s of interest: Transportation (for visitation) _____ Storybook _____

Post-release follow-up _____ AIM Board of Directors _____ Speaker's Bureau _____

Tutoring/mentoring _____

If you have more specific questions or need more information regarding program, contact:
Larnetta Moncreif @ 1-800-679-0246 or email: larnetta@inmatemoms.org