



**Mount Zion Baptist Church of Greensboro, Inc.
Prison Ministry Volunteer Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Are you a member of Mount Zion? ___Y ___N

Have filled out a Mount Zion Volunteer form? ___Y ___N

Why do you want to be part of this Ministry?

Training is required

Completed form may be placed in the Prison Ministry mailbox in Room 3 on the Chapel side or emailed to Veronica Neblett at yneblett@triad.rr.com.