

ALCOHOLICS FOR CHRIST PRISON APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you consider yourself a born-again Christian? \_\_\_\_\_

2. Can you supply a letter of recommendation from your home church? \_\_\_\_\_

3. What prison will you be taking the program to? \_\_\_\_\_

Address: \_\_\_\_\_

4. What security requirements are needed at this prison: minimum or maximum?  
\_\_\_\_\_

5. Have you contacted the chaplain of this prison? \_\_\_\_\_

Do you have his support? \_\_\_\_\_

6. Is there presently an AA or NA meeting in this prison? \_\_\_\_\_

7. Will you be taking our 12-step literature and workbooks to the prison  
weekly? \_\_\_\_\_

8. Have you ever had a felony conviction? \_\_\_\_\_ If so, what is your parole  
status? \_\_\_\_\_

9. If approved, when do you plan on starting A/C meetings? (Day and time)  
\_\_\_\_\_

10. Will you have any assistance in leading the meetings? \_\_\_\_\_  
\_\_\_\_\_

11. Are you willing to promote the need for prisoners to attend meetings after  
their release? \_\_\_\_\_

12. Are you a recovering alcoholic? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send to: A/C Prison Ministry, 1316 N. Campbell Road, Royal Oak, MI 48067