

## THRESHOLDS REGISTRATION FORM

Return completed form to: **THRESHOLDS**  
**P.O. Box 114**  
**Thornton, PA 19373**  
**484-301-0590**

PLEASE PRINT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SPECIAL INTERESTS, SKILLS \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

How did you hear about Thresholds? \_\_\_\_\_

Which prison do you think you would like to teach in?

George Hill in Thornton \_\_\_\_\_ SCI-Chester \_\_\_\_\_ Juvenile Center \_\_\_\_\_

Check all that apply:

- I plan to attend the Volunteer Training Course on September 27 & 28 at Neumann University.
  
- I have enclosed the fee of \$25 payable to "Thresholds in Delaware County" to help your organization cover the cost of training and materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date