

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 February 28 & March 1, 2015 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