



CHRISTLIFE MINISTRIES INQUIRY FORM

Email to: cphillips@mychristlife.org

Date: _____

First Name

MI

Last Name

Facility Name and Address

City

State

Zip Code

DOC/Fed ID # or Other: _____ Date of Birth: ____ / ____ / ____ Age: _____

Facility Case Manager/Pre-Release Teacher: _____

Write a short narrative about yourself. (What are your goals and how can we help you accomplish them?):