



Application for Scripture

Our goal is to provide Scriptural resources to every inmate who requests them but cannot afford them, so that he or she may have access to the Word of God and its life-changing message.

To achieve this goal, we collaborate only with official correctional chaplains who will promise to provide ongoing feedback on impact.

Please join us in thanking American Rehabilitation Ministries ("ARM") and The Gifts of Freedom Fund for collaborating with American Bible Society, to help inmates engage with God's Word on a daily basis. All applications must be completed and sent directly to ARM. **Make all checks or money orders payable to: American Rehabilitation Ministries.**

I am the Protestant Catholic Only chaplain at this facility.

If you are replacing a chaplain, please indicate his/her name: _____

Ordering Party / Mailing address:	Shipping address (if different):
Facility Name	Facility Name
Individual	Individual
Address	UPS Address
City, State, Zip	City, State, Zip
Phone	Email

Men _____ Women _____ Juvenile _____ Total Population _____

Item No.	Name of Item	Qty in each case	Qty of cases desired	Packing / Shipping cost per case	Line Total
Paperback Full Bibles					
050	New International Version	20		x \$20 =	\$
995	King James Version	20		x \$20 =	\$
341	New King James Version	20		x \$20 =	\$
337	La Santa Biblia, Version Reina-Valera 1960	20		x \$20 =	\$
Paperback New Testaments					
349	King James Version	80		x \$24 =	\$
296	Version Reina-Valera 1960	80		x \$24 =	\$
293	DHH - Spanish Catholic New Testament	80		x \$24 =	\$
773	Los Libros NT (Spanish)-12pt, books grouped by author with added aids	24		x \$20 =	\$
Specialty Items					
790	Elements of Life magazine	50		x \$20 =	\$
036	*Gifts of Freedom (FREE Bible study guide)	20		x \$0 =	

Sub-Total

\$

In addition, I am including a donation in this amount to bless more inmates with Scripture Resources.

\$

TOTAL

\$

Payment Selection: Check/Money Order Credit Card # Purchase Order # _____

For CC Payment: Name on Card _____

Card # _____ Expiration Date ____/____ Security Code _____

ALL BIBLES MUST BE SHIPPED DIRECTLY TO THE CORRECTIONAL FACILITY.

Please allow up to 4-6 weeks for delivery.

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Complete this application in its entirety. Incomplete applications may be returned to you for completion. All prices, quantities and ordering guidelines are subject to change without notice.

SELECT THE TYPE OF FACILITY THAT YOU REPRESENT

Only requests of 15% or less of your Average Daily Population (ADP) will be approved. SHORT-TERM FACILITIES may be allowed to order beyond the 15% limit to meet needs, but the amount in excess of 15% must be New Testaments only.

- LONG-TERM FACILITY** (the individuals at your facility usually stay longer than 1 year)
- SHORT-TERM FACILITY** (the individuals at your facility usually stay an average of 1 year or less)

BEFORE YOU REORDER, YOU MUST PROVIDE FEEDBACK ON IMPACT

Impact Feedback Forms will be sent along with each Scripture order. Simply photocopy the **Impact Feedback Forms** and hand one out with each Scripture product that you distribute. Before you reorder, you must return:

- One (1) updated **Chaplain Impact Feedback Form** (filled out by you) & **Impact Feedback Forms** in these amounts:
- o LONG-TERM FACILITIES - An amount that equals at least 20% of your previous Scripture order must be returned prior to, or with a reorder. (*Example: if your previous order was for 100 Scriptures, then you must mail at least 20 Impact Feedback Forms to ARM prior to, or with your reorder.*)
 - o SHORT-TERM FACILITIES - An amount that equals at least 10% of your previous Scripture order must be returned prior to, or with a reorder. (*Example: if your previous order was for 100 Scriptures, then you must mail at least 10 Impact Feedback Forms to ARM prior to, or with your reorder.*)

Testimonials, letters on your facility's letterhead, or photographs (where permissible) are also great at telling the story of a positive life change from God's Word.

COMPLETE THIS CHECKLIST TO DETERMINE WHETHER OR NOT YOU QUALIFY FOR A GRANT

- I AM AN OFFICIAL CORRECTIONAL STAFF CHAPLAIN**
If your facility does not have staff chaplains, then an authorized representative of the facility should send an endorsement letter on facility letterhead stating:
1. The facility does not have staff chaplains
 2. You serve as the chaplain of this facility
- I CAN RECEIVE SHIPMENTS DIRECTLY TO THE CORRECTIONAL FACILITY IN MY NAME**
- I PROMISE TO PAY ALL PACKING & SHIPPING COSTS**
- I PROMISE TO PROVIDE ONGOING FEEDBACK ON THE IMPACT THAT GOD'S WORD IS HAVING ON THE LIVES OF THE INMATES**

Feedback on Impact makes it possible to:

- Continue to provide free Scripture resources for correctional facilities
- Assess whether or not we are meeting our goals
- Communicate the effectiveness of the Word of God back to our supporters

By submitting feedback, testimonials and/or stories, you are giving the American Bible Society (ABS) free permission to reproduce and utilize your submission for other purposes that promote the ministry and mission of ABS.

Bibles are donated, and must be distributed to inmates who have a valid need.

I affirm that the information that I have submitted on this Application is true and correct to the best of my knowledge.

_____ / ____ / ____
Chaplain's Signature Date

Please mail this application to the address below. **Make all checks or money orders payable to:**

American Rehabilitation Ministries
P.O. Box 1490
Joplin, MO 64802-1490

Phone Number: (417) 781-9100

website: www.arm.org

Fax Number: (417) 781-9532

email: info@arm.org