



**STEPHENS COUNTY SHERIFF'S OFFICE - JAIL  
MINISTRY VOLUNTEER APPLICATION PART ONE**



Position Applied: Bible Study Leader      or      Other      Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONAL HEALTH AND HABITS**

Do you have any physical handicaps? \_\_\_\_\_ Are you currently under a physician's care? \_\_\_\_\_  
If you answered "yes" to either of the above questions, please explain. This is not an automatic  
disqualifier. (Use extra sheets if necessary) \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CHURCH HOME: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

SALVATION YEAR: \_\_\_\_\_ BAPTISM DATE ON FILE WITH CHURCH: \_\_\_\_\_

PASTOR'S NAME & PHONE: \_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN JAIL OR PRISON MINISTRY? \_\_\_\_\_

IF YES, PLEASE EXPLAIN PAST DUTIES & LOCATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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APPLICANT  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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**The process the Sheriff's Office will take in certifying you as a volunteer is as follows:**

- A Criminal History Check will be performed on you.
- A check of law enforcement records and reports will be conducted.
- The S.O. will interview others and seek recommendations as to your readiness to offer ministry services.
- We will require security training before you can begin ministry.
- You will be trained about the unique circumstances of jail ministry.
- Occasionally, you will be monitored during your ministry within our jail.

**Step One: Complete the preliminary application form.**

**Step Two: Have Personal Interview with the Chaplain on the following points:**

- a) What prompted your initial interest in jail & prison ministry?
- b) A brief overview of our jail ministry philosophy regarding volunteers
- c) A brief discussion of your own role and responsibilities as a volunteer.
- d) How to have a proper response to other religious groups.  
(Not just other faiths but other Christian groups as well.)
- e) The issue of "pet doctrines"
- f) Understanding the chaplain's authority
- g) Considering any personal issues you may have against certain sins or crimes.
- h) Our policy of not approving "Lone Ranger Christians." (Unchurched individuals.)
- i) The need to put it to prayer for the next few days, to ensure we want to proceed further
- j) Signing your checklist that you understood and agree to your requirements.

**Step Three: Contacting your pastor.**

**We operate by the "Acts 16:1, 2 principles."**

**Volunteers should be recommended by the local church.**

**Items that the sheriff or chaplain will cover with your pastor – Confirm that you:**

- are a regular and faithful attendee.
- are involved in the life and activities of the church.
- have been attending for some time. (Not just recently.)
- do not have any issues or problem areas.

**I will inform the pastor that:**

- His church is *responsible* for your ministry.
- You, as a volunteer, are *representing* the church where you are a member.



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- The church's job is to hold its volunteers accountable. The sheriff's and chaplain's duties are to maintain the integrity of the jail ministry program, as well as the safety and security of the jail.

**Step Four: Initial Training:**

**Jail Facility** - New Volunteer Orientation Training

**OJT** – In the Field Training with Designated Trainer/Volunteer (Two to Four Ministries in the Facility)

**Step Five: Delegation** - Assignment to area of ministry

**Step Six: Continuing the process:**

Annual In-service training & recertification

Regular Reporting and Monitoring

Communication

It is **HIGHLY RECOMMENDED** that you read, *"Prison Ministry: Understanding Prison Culture Inside and Out"* by Lennie Spitale in preparation for ministry.

Chaplain or Sheriff \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_





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**Volunteer Survey**

The purpose of this form is to help us place you where you can best serve the inmate population. Thank you for thoughtfully completing this questionnaire

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

What day(s) of the week are you available to minister?

SUN	MON	TUE	WED	THUR	FRI	SAT
Morn	Morn	Morn	Morn	Morn	Morn	Morn
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

How often are you available for ministry: Weekly Bi-Weekly Monthly Occasionally

What area(s) of Ministry do you feel called to serve in:

Ministry advancement (Helping with Special events, Fund Raisers)

Clerical Support

Music

Leading a Worship Service/Mass

Teaching a Bible Study

Teaching a Biblical Based Life Skills Class

Special Services