

JCB Use Only _____

Approved

Date _____ Initials _____

Wayne County Jail Ministry and Chaplaincy Program

(Program exclusive to Wayne, Randolph, Union and Preble Counties)

Approval Application

- Please TYPE or PRINT CLEARLY, Fill in every blank.
- If it does not apply, write N/A in the blank.

PLEASE CHECK ALL THAT MAY APPLY FROM THE LIST BELOW:

- This application is for approval for occasional visits.
- This application is for approval for the Jail Ministry Services Program.
- This application is for approval for Crisis Ministry opportunities in the jail.

PERSONAL INFORMATION

(The information revealed in this application will be kept confidential and will be reviewed only by the Jail Chaplaincy Board and the Jail Religious Liaison group.)

Name (Mr., Mrs., Ms.): _____

Present Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Birth: _____ SS: _____

Phone: _____ Alt. Phone: _____

Fax Number: _____ Email: _____

US Citizen? Yes No If no, Country of Citizenship: _____

Gender: Male Female

CHURCH OR ORGANIZATION AFFILIATION

Are you licensed or ordained as a minister? Yes No If Yes, when? _____

If there is an expiration date for license, please indicate date: _____ Renewal Date: _____

What organization is your credentialing through? _____

Contact Phone Number and Name for Verification: _____

(Please attach a copy of credentials)

LOCAL CHURCH MEMBERSHIP OR AFFILIATION

Local Affiliation: _____

Address: _____

Local Phone: _____ Email: _____

Are you currently a member of this organization in good standing? Yes No

CURRENT EMPLOYMENT REFERENCE

Name of current employer: _____

Employer Phone Number: _____ Years/Months Employed: _____

Current Position held: _____

PERSONAL REFERENCES (List Two)

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

Name: _____ Phone: _____

Address: _____

Relationship to Applicant: _____

I give the Wayne County Chaplaincy Board the right to verify any and/or all information on this form. I hereby state that the information on this application is true and correct to the best of my knowledge. I understand the Wayne County Jail Policy and fully agree to abide by its rules. I further understand that a police background check is required to complete this process. I give my permission for such checks.

Signed: _____ Date: _____

Please mail this information to:

Wayne County Sheriff's Department
Attention: Jail Ministry
200 East Main Street
Richmond, IN 47374

IT IS YOUR RESPONSIBILITY TO UPDATE ANY OF THIS INFORMATION AS CHANGES OCCUR. SEND CHANGES TO THE SAME ADDRESS LISTED ABOVE. YOU WILL BE REQUIRED TO SUBMIT A NEW APPLICATION EVERY YEAR.