

Date Received _____

Approval: Granted _____ Denied _____



BOARD MEMBER APPLICATION
Grant County Sheriff's Chaplaincy Ministry
214 East Fourth Street, Marion, IN 46952 • (765)-662-9836 x2123
PERSONAL & CONFIDENTIAL INFORMATION

Name _____
(Last) (First) (Middle) (Maiden Name)

Home Address _____
Street City State Zip Code

Male _____ Female _____ Date of Birth _____ Email _____

Place of Birth _____ Phone Number _____

Soc. Sec. # _____ Current Occupation _____

Date of Hire _____ Business Phone _____

Employer _____ Supervisor _____

Spouse's Name _____

In case of an emergency, notify _____
Name Phone

Relationship: _____

Are you a U.S. Citizen? _____

List any current medical problems we would need to know about _____

PREVIOUS EMPLOYMENT

Occupation _____ Dates of employment _____ to _____ Business Phone _____

Employer _____ Supervisor _____

Occupation _____ Dates of employment _____ to _____ Business Phone _____

Employer _____ Supervisor _____

PREVIOUS RESIDENCE INFORMATION

List last three places of residence. Note most recent first.

1. Date from _____ to _____

Address _____ City _____ State _____ Zip _____

2. Date from _____ to _____

Address _____ City _____ State _____ Zip _____

3. Date from _____ to _____

Address _____ City _____ State _____ Zip _____

EDUCATION

High School _____
Name _____ Location _____

Years Attended _____ Date Graduated _____ GED _____

College _____
Name _____ Location _____

Years Attended _____ Date Graduated _____

Other Education _____

Do you speak Spanish? _____ Other Foreign Languages _____

MILITARY (If Applicable)

Branch _____ Dates of Service _____

Type of discharge _____

ACTIVITIES

Please list all current memberships and involvements in the Grant County Community.

MINISTRY INFORMATION

Current Church Attending _____ Pastor _____

Address _____ Phone _____

Denomination Affiliation _____

List churches served (most recent served)

_____ Location _____ Dates _____

_____ Location _____ Dates _____

List current and past leadership positions in church

Briefly state when you were saved and how God has called you to minister to inmates and or their families.

List any experiences with jail ministry or related special ministry to the community (if applicable).

Give the name of four persons not related to you who know you well.

Name	Phone	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

OTHER INFORMATION

Have you ever been arrested? _____

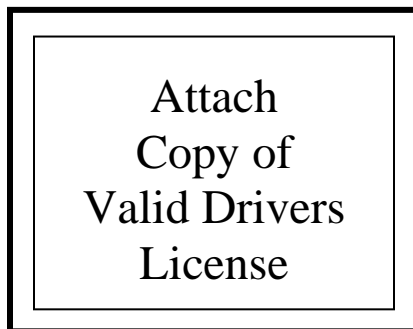
If so, state the reason, date, location, and the disposition for each charge. _____

Do you personally know any inmate currently in the Grant County Jail? _____

If so, state the name and how you know the person _____

*I certify that the above information is correct to the best of my knowledge and I understand that the Chaplaincy Board of Directors has the responsibility of overseeing the Chaplaincy Ministry and will examine this application and my references.

Applicant's Signature _____ Date _____



GRANT COUNTY SHERIFF'S DEPARTMENT BOARD MEMBER
APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMATION

*I hereby authorize all persons to whom this request (original or reproduction), having information relating to or concerning me, to furnish such information to the Grant County Sheriff's Chaplaincy Ministry for a NCIC criminal back ground check by a duly appointed employee of the Grant County Sheriff's Department.

*I am aware that this information may be of personal nature and may otherwise be protected from disclosure by my constitutional rights and/or statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as result of said communication or disclosure.

Information to be disclosed:

NCIC Criminal History Check

Signature of Applicant

Date

Printed Name of Applicant

Grant County Sheriff's Chaplaincy Ministry

The CROSS and the BADGE BOTH SAVE LIVES

Ministry Statement

The Grant County Sheriff's Chaplaincy Ministry concentrates on the essentials of the Christian faith indicated in the following Statement of Faith. In His service, we are called together in unity, focusing on the Word of God alone, not espousing any particular denominational stance which would divide us. All volunteers involved in Bible studies, teaching or other programs of the Chaplaincy Ministry, must subscribe to this statement

Statement of Faith

“For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him.”

John 3:16-17

We believe in one God, Creator and Lord of the Universe, the coeternal Trinity; Father, Son and Holy Spirit

We believe that Jesus Christ, God's son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died as a substitutionary atoning death on the Cross, rose bodily from the dead and ascended into heaven where as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God's authoritative and inspired Word. It is without error in all its teaching, including creation, history, its own origins and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal and apostolic Church. Its calling is to worship God, and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power and mission.

We believe that Jesus Christ will personally and visibly return to glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and will exclude all evil, suffering and death.

My signature indicates that I understand and agree with both the **Ministry Statement** and the **Statement of Faith**.

Applicant's Signature _____ Date _____

Grant County Sheriff's Chaplaincy Ministry

The CROSS and the BADGE BOTH SAVE LIVES

STATEMENT OF MISSION & PURPOSES

The primary purpose of the Grant County Sheriff's Chaplaincy Ministry is to communicate the love, power and hope of the Gospel to three main groups: the imprisoned and their families, the victims and their families and law enforcement officers and their families of Grant County, Indiana. A secondary purpose is to communicate to local churches in Grant County the responsibility of all Christians to minister to the imprisoned, victims of crime and law enforcement officers. (*CONSTITUTION - ARTICLE II: Section 3*)

BOARD MEMBER RESPONSIBILITIES

GENERAL EXPECTATIONS

1. Sign Ministry Statement / Statement of Faith. Provide prayer support and demonstrate Christ-like conduct.
2. Be familiar with the ministry's mission, policies, programs, strengths and opportunities for growth. (Bible Studies, Chapel and Baptismal Services, GED Program, Community Ministry opportunities, etc.)
3. Listen attentively to feedback about the ministry and guide individuals to follow established policies and procedures.
4. Suggest future board members.
5. Speak on behalf of the board, but only when authorized persons ask you to.

MEETINGS

1. Attend and participate knowledgeably in all board and committee meetings and other activities (annual banquet, fund raisers, inmate children's Christmas party, etc.).
Board Members are required to attend at least three (3) meetings each year. The President is empowered to excuse members from attendance for a reason deemed adequate. A Board Member may be removed by two-thirds (2/3) vote of the Board of Directors, if the Board Member is absent and unexcused from two (2) or more meetings in a twelve (12) month period. At least two-thirds (2/3) of the members must be present to constitute a quorum. Regular meetings shall be held on the second (2nd) Wednesday of April, July and October, based on member availability. The annual meeting shall be held on the second (2nd) Wednesday of January each year. (BY-LAWS – ARTICLE VI: Section 1)
2. Ask relevant questions while supporting the majority decision.
3. Keep executive session information confidential.
4. Suggest agenda items for meetings so no significant policy matters are overlooked.

RELATIONS SHIP WITH STAFF

1. Offer relevant advice, physical and spiritual support.
2. Avoid asking special favors of the staff until you speak with the Senior Chaplain.

FIDUCIARY RESPONSIBILITY

1. Carefully consider the control and transfer of funds and ethical conduct.
2. Read and understand the ministry's financial statements and needs.

FUNDRAISING

1. If possible, prayerfully make an annual gift.
2. Assist with fundraising activities.