

Date Received _____

Approval: Granted _____ Denied _____



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

Name _____
Please Print (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 to person: _____

Are you a U.S. Citizen? _____

Names of Children: _____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

List any current medical conditions we should 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 two places of residence. Note most recent first.

1. Date from _____ to _____

Address _____ City _____ State _____ Zip _____

2. 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 current and past leadership positions in church

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

List any experiences with jail ministry or related special ministry to the community.

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

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

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 Security Center? _____

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 Jail Commander and or Corporal must examine this application for approval as well as the Chaplaincy Ministry.

Applicant's Signature _____ Date _____

Jail Commander & or Corporal Signature _____ Date _____

Chaplaincy Ministry Signature _____ Date _____

**Attach a Copy of
Valid Drivers
License, Optional Letter of
Recommendation from Pastor of
your Church
& Ministerial/Ordination
Documentation if applicable**

Ministry Statement

The Grant County Sheriff's Department Chaplaincy Program's 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 doctrinal stance which would divide us. All volunteers involved in Bible studies, teaching, or other programs of the Chaplaincy Program, must subscribe to this statement.

Statement of Faith

We believe in one God, Creator and Lord of the Universe, the co-eternal 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 a substitutionary atoning death on the Cross, rose bodily from the dead and ascended to heaven where as truly God and truly man, He is the only mediator between God and man. We believe that the bible is Gods 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 the new birth. Justification is by grace thorough 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 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 in 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 a 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. In addition I agree to respect the privacy of all information exchanged while volunteering under the Chaplaincy Ministry.

Signature of Applicant

Date

GRANT COUNTY SHERIFF'S DEPARTMENT VOLUNTEER APPLICANT'S REQUEST/WAIVER TO RELEASE INFORMAITON

*I hereby authorize all persons to whom this request (original or reproduction), having information relating to or concerning me, to furnish such information to 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