



# Jail Ministry Volunteer Application

Complete this application if you are interested in becoming a jail ministry volunteer.

## Contact Information

First Name

Last Name

Middle Name

Street Address

Apt./Bldg.

City

State

Zip Code

County

Home Phone

Work Phone

Cell Phone

E-mail Address *(We require our volunteers to stay in touch using email.)*

Would you like to opt-in to text messaging?  Yes  Not now

## Demographics

Date of Birth (Mo./Day/Year) \_\_\_\_\_ Gender:  M  F Marital Status: \_\_\_\_\_

Check if your spouse is/will also be a volunteer

## Skills & Experience

Tell us about yourself so we can potentially match you with the right kind of ministry in the jail.

## Church Affiliation

Name of Church

Pastor's Name

Pastor's Contact Information

## Legal

Have you ever been arrested? If so, explain  Y  N \_\_\_\_\_

I understand and agree that submitting this application form does not automatically register me as a Forgotten Man Ministries volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

**I Agree**

How did you hear about Jailministry.org or Grayline Resources?