



REACH THE FORGOTTEN JAIL MINISTRY

Jail Ministry Volunteer Application

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

Assignment Preference

What **county** are you interested in volunteering in?

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 Reach the Forgotten Jail Ministry 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?