



Clergy Contact Visiting Application

Personal Information

_____		_____	
First Name (please print)		Last Name (please print)	
_____		_____	
D.O.B.	Phone Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Email Address			

Home Address			

_____	_____	_____	_____
City	State	Zip	

Faith Background

Church/Organization Name			

Address			

_____	_____	_____	_____
City	State	Zip	

Phone Number			

Accountability

Provide the following information for a person in leadership within the church, congregation or organization you are currently serving and to whom you are accountable. Do not provide your own name.

_____		_____	
First Name (please print)		Last Name (please print)	
_____		_____	
Phone Number	Email Address		

Home Address			

_____	_____	_____	_____
City	State	Zip	



Clergy Contact Visiting Application

Agreement

In applying for the Transforming Jail Ministries Clergy Contact Visiting Program, I authorize the release of any records/information necessary to support/refute any item in this application for contact visiting. I further agree to release from all liability any person(s) or institution(s) supplying any of the information requested by the Sheriff of Hamilton County, Ohio or designated representatives.

By submitting this Clergy Contact Visiting application, you give Transforming Jail Ministries permission to send you information about TJM and the Clergy Contact Visiting program. We will not give or sell your information to others.

Signature

Date

Return this application along with a copy of your ordination certificate or state license to solemnize marriages to:

Transforming Jail Ministries
PO Box 19070
Cincinnati, Ohio 45219

If you have any questions, please do not hesitate to contact us.

513-794-9999
contact@tjmi.org