



TRANSFORMING JAIL MINISTRIES

Application for The Adult Jail Chaplaincy Team

Name (First, MI, Last): _____

Date of Birth: _____ Primary Phone: _____

Address: _____

City, State, and Zip: _____

Secondary Phone: _____ Email: _____

Religious Affiliation (and denomination): _____

Are you ordained? Yes _____ No _____ Date: _____

Parish or Congregation: _____

Pastor's Name (or equivalent) _____

Do you have clinical training or institutional experience? Yes _____ No _____

If so, briefly describe... _____

Why do you feel called to jail ministry? _____



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Have you ever been convicted of a felony or serious misdemeanor? Yes _____ No _____

If yes, please explain your past charge(s) and how your life has since changed... _____

Are you currently on probation or parole? Yes _____ No _____

The sheriff's office requires a background check for anyone working within the jail system. Will you agree to a confidential release of such information? Yes _____ No _____

Please list 2 references and their contact information:

Reference 1 (name): _____

Phone: _____ Email: _____

How do you know this person? _____

Reference 2 (name): _____

Phone: _____ Email: _____

How do you know this person? _____

Signature

Date

By submitting this Adult Jail Chaplaincy application, you give us permission to send you Information about Transforming Jail Ministries and the Adult Jail Chaplaincy ministry. We will not give or sell your information other than what is required for you to participate in the Adult Jail Chaplaincy ministry..

Return this application to:

Transforming Jail Ministries
PO Box 198070
Cincinnati, OH 45219

Contact Us:
Phone: 513-794-9999
Email: contact@tjmi.org