



# The Jail Ministry of Otsego County

## VOLUNTEER APPLICATION

### Personal Information

Name: \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Occupation (optional) \_\_\_\_\_

### Background Information

*Note: answering YES to questions 1-3 may or may not disqualify you to volunteer.*

1. Have you ever been incarcerated? \_\_\_\_\_

When and where were you incarcerated? \_\_\_\_\_

Are you currently on probation? \_\_\_\_\_

2. Have you ever been arrested or convicted of a crime? \_\_\_\_\_

When and for what? \_\_\_\_\_

3. Do you have any medical conditions that we should know about? \_\_\_\_\_

4. What church do you attend? \_\_\_\_\_

How long have you been going to this church? \_\_\_\_\_

How often do you attend a small group Bible study or adult Sunday School class? \_\_\_\_\_

Please provide the name address and number of your pastor so we may contact him/her for a recommendation: \_\_\_\_\_

### Your Commitment

By submitting this application to become a JMOC volunteer, I verify that the above statements are true to the best of my knowledge. I also agree with JMOC's Vision / Mission / Core Values Statement and to comply with their instructions and guidance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**On the back, briefly describe your faith in Jesus Christ and how you are following Him today.**

Please return this application to: JMOC, P.O. Box 1023, Cooperstown, NY 13326