

Jail Ministry of Otsego and Schoharie 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 Jail Ministry Volunteer, I verify that the above statements are true to the best of my knowledge. I also agree with Jail Ministry'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