



JAIL MINISTRY APPLICATION FRONT PAGE

All applicants for volunteer ministers must:

1. Complete the approved application. *There is a section that must be notarized before returning application.
2. Complete a background investigation by Jail Administration and be approved to be granted a security clearance for access in the facility.
3. Provide a letter from a sponsoring church on church letter head signed by the Pastor, Chairman of the Deacon's board and Church Trustees or the equivalent body. The letter must contain the churches federally approved IRS tax exemption number.
4. Ministry volunteers with a sponsoring church that does not have an IRS tax exemption number must still provide a letter from the sponsoring church on church letter head signed by the pastor, Deacon's board and Church Trustees or the equivalent body. The letter must contain the address and phone number of the church or building.
5. All applicants must attend a training course provided by the Robertson County Detention Facility staff.
6. All applicants must agree to sign a liability waiver holding the Sheriff's Office and Robertson County harmless in the event of an assault or accident while in the facility or on county property.
7. All applicants must be at least 18 years of age.

**YOUR APPLICATION WILL NOT BE
PROCESSED UNTIL ALL PAPERWORK HAS
BEEN SIGNED AND TURNED IN.**

Robertson County Detention Facility

JAIL MINISTRY APPLICATION

Revised February 27, 2013



All applications must be completed and returned 30 days prior to requested ministry starting date. Your application cannot and will not be processed if all information is not provided.

SECTION I

NAME: _____ GENDER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NUMBERS: _____ E-MAIL: _____

DATE OF BIRTH: _____

SSN: _____ - _____ - _____

DRIVERS LIC. NO. _____ STATE: _____

Name of Church and Pastor: _____

Church Address and contact Number: _____

What day and time are you requesting to provide services: _____

SECTION II (If this does not apply to you, please leave blank)

Special Request (Jail Administrator approval required)

Select area of interest: Musical Instrument Refreshments Study Materials Other

Please provide brief explanation of your request:

Official Use ONLY

Approved Date Approved _____

Disapproved Jail Administrator Initials _____

SECTION III

Have you ever attended or provided a prison ministry before? YES NO

Have you ever been convicted of a felony? YES NO (If yes, complete section below)

(CONVICTED FELONS ONLY) If you have been convicted of a felony you will not be allowed access to the facility for a minimum of two years after the completion of your sentence including parole and probation. There will be no exceptions made to this rule, please DO NOT ask.

Date of last sentence: _____

Sentence: _____

Date sentence expired: _____

Name and location of last institutional facility

If in Tennessee, please provide your TOMIS number

State where convicted: _____

State assigned correctional number: _____

SECTION IV

Are you on the visitation list of any inmates in the Robertson County Detention Facility? If so, please list the inmates: _____

Do you have any relatives in the Robertson County Detention Facility? If so, please list their names:

SECTION V (DO NOT SIGN below until Orientation)

I have received a copy, read and understand the ministry volunteer policy of the Robertson County Detention Facility. I agree to follow all rules and guidelines while acting as a ministry volunteer.

Signed: _____ Dated: ____/____/____

Signed waiver attached? YES NO

Church letter attached? YES NO

Mail complete application to:
Attention: Programs Officer
311 5th Avenue East • Springfield, TN 37172



Robertson County Detention Facility

RELEASE of LIABILITY:



SECTION VI

PLEASE READ CAREFULLY - THIS MAY EFFECT YOUR LEGAL RIGHTS

In exchange for the participation as a ministry volunteer at the ROBERTSON COUNTY DETENTION FACILITY, I agree for myself to the following:

1. I agree to observe and obey all rules and warnings, and further agree to follow any oral instructions or direction given by the Robertson County Sheriff's Office, Detention Facility Staff, employees, or agents.
2. I recognize that there are certain inherent risks associated with working and volunteering in the detention facility. I assume full responsibility for personal injury to myself and further release and discharge the Robertson County Sheriff's Office and Robertson County for injury, loss or damage arising out of my participation as a volunteer minister and presence in the facility, whether caused by the fault of myself or other third party.
3. I agree to indemnify and defend Robertson County Sheriff's Office and Robertson County against all claims, causes of actions, damages, judgment costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my participation as a ministry volunteer in the Robertson County Detention Facility.

*****THIS SECTION MUST BE NOTARIZED BEFORE RETURNING APPLICATION!**

I have read this document and understand it. I further understand that by signing this release, I voluntary surrender certain legal rights.

Dated: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

Witnessed and Notoriety: _____