

JAIL MINISTRY APPLICATION INSTRUCTION SHEET

All applicants for volunteer ministry must:

- 1. Complete the approved application. *There is a section that must be notarized before turning in.
- 2. Complete a background investigation by Jail Administration and be approved to be granted a security clearance for access into the facility
- 3. Provide a letter from your sponsoring church on church letterhead with complete contact information (Name of church, Address, Telephone number), signed by the Pastor, Chairman of the Deacon's board, Church Trustee or equivalent body. The letter must contain the church's federally approved IRS tax exemption number.
- 4. Applicants for volunteer ministry with a sponsoring church that does not have an IRS tax exemption number must still provide a letter from the sponsoring church on church letterhead with complete contact information (Name of church, Address, Telephone number), signed by the Pastor, Chairman of the Deacon's board, Church Trustee, or equivalent body.
- 5. All applicants must attend the four (4) hour training course provided by the Robertson County Detention Facility Staff before being granted access into the facility. These classes are to be attended annually.
- 6. All applicants must agree to sign a release of liability waiver holding the Robertson County Sheriffs' Office and Robertson County Detention Facility blameless in the event of an assault or accident while either within the facility itself, or on county property.
- 7. All applicants must be a minimum of eighteen (18) years of age.

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL PAPERWORK AND SUPPORTING FORMS ARE FILLED OUT AND SIGNED. ALL MUST BE TURNED IN TOGETHER.

Robertson County Detention Facility

JAIL MINISTRY APPLICATION

REVISED OCTOBER 8, 2018



All applications must be completed at least 15 days prior to the requested Orientation Class date, to allow time for processing, submission, and approval by the Jail Administrator. Your application cannot be processed without all information provided.

SECTION I:	
NAME:	GENDER:
HOME ADDRESS:	
CITY:	STATE:ZIP:
CONTACT NUMBERS	
HOME:WORK:	CELL:
EMAIL:	·····
Name of Church:	
Name of Pastor:	
Church address:	
Church Telephone number:	
**********	************
SECTION II: (You may leave blank if t	this does not apply to you)
Special Requests: (Jail Administrator approv	val required)
Select special interest: Music Refresh	ments Study Materials Other
Please provide a brief explanation of your re	equest:
OFFICIAL USE ONLY: APPROVED	NOT APPROVED
DATE: JAIL ADMINI	ISTRATOR INITIALS:

SECTION III: Have you ever attended or provided prison ministry before? YES NO Have you ever been convicted of a Misdemeanor or Felony offense? YES NO • NOTE: IF CONVICTED OF MISDEMEANOR: A MINIMUM OF 3 CALENDAR YEARS MUST PASS BEFORE ACCESS INTO THE FACILITY CAN BE GRANTED. IF CONVICTED OF A FELONY: A MINIMUM OF 5 CALENDAR YEARS MUST PASS BEFORE ACCESS INTO THE FACILITY CAN BE GRANTED. Date of last sentence: Charge: ____ Detention facility name and location where sentence was served: If served in Tennessee, please provide your TOMIS Number: If convicted in another state, please provide the state and corresponding State Inmate number here: **SECTION IV:** Are you on the visitation lists of any inmates currently housed in this facility? If so, please list the names of the inmates you visit: Do you have any friends or relatives currently housed in this facility? If so, please list the names of the inmates you are friends with or that are family, and list relationship to each name listed:

*Please remember to turn in all applications and supporting paperwork at least Fifteen (15) days prior to the date of Orientation class that you select, to allow time for processing, submission, and approval by the Jail Administrator. Please mail completed application and paperwork to:

Cpl. L. Royer, Programs
Robertson County Detention Facility
311 5th Avenue East
Springfield, TN 37172



RELEASE OF LIABILITY

PLEASE READ CAREFULLY-THIS MAY EFFECT YOUR LEGAL RIGHTS

In exchange for the participation as a <u>Ministry Volunteer</u> 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 another party.
- 3: I agree to indemnity and defend the 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 and the Robertson County Detention Facility.
- 4: I understand that all equitable claims that may arise from my participation as a Ministry Volunteer will be resolved under Tennessee Law.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain Legal Rights.

Date:	Print Name:	Territoria de la constantina della constantina d			
Signature:					
Witnessed an	nd Notarized By:				
SEAL:		EXPIRATION OF	NOTARY:	//_	