



# Hamilton County Sheriff's Department

A Tradition of Service Since 1823

**18100 CUMBERLAND ROAD**

**NOBLESVILLE, IN 46060**

ADMIN. (317) 773-1872

EMER (317) 773-1282

## CHAPLAINCY DIVISION APPLICATION FOR JAIL VOLUNTEER

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status (circle answer) \_\_\_\_\_ Single Married Divorced Separated

**TO BE FILLED OUT BY THOSE DOING BIBLE STUDY AND/OR WORSHIP SERVICES**

Religious Affiliation or Denomination \_\_\_\_\_

Licensed or Ordained \_\_\_\_\_ Where \_\_\_\_\_

Name of Church of Affiliation \_\_\_\_\_

Address of Church \_\_\_\_\_

Name of Organization Representing \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

**Chaplaincy or Volunteer Experience**

Chaplaincy Experience Yes \_\_\_\_\_ No \_\_\_\_\_

Organization \_\_\_\_\_ City \_\_\_\_\_ Years of Experience \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Prior Volunteer Experience With Inmates? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization \_\_\_\_\_ City \_\_\_\_\_ Years of Experience \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

**E-mail Address**

\_\_\_\_\_

**Personal and Professional References**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

**Emergency Notification**

Name/Relationship to you \_\_\_\_\_ Complete Address Including City \_\_\_\_\_ Phone Contact \_\_\_\_\_

**Service Area of Concern**

What class do you volunteer in (or wish to volunteer in)? \_\_\_\_\_

What day of the week is the class held? \_\_\_\_\_

**Signature**

By my Signature, I authorize Hamilton County Sheriff's Department to do a personal background check and a criminal background check:

Signature \_\_\_\_\_

Revised 1/2/11

**For Official Use Only**

Back Ground Check Accomplished by _____
Approved _____ Disapproved _____