

Jail Ministry Application

Please complete the following ministry application with initials at each guideline and signature at bottom of form. Return to Rev. Mark Roberts, 207 Hawkins Street, Rogersville, TN 37857 when completed.

Name _____

Address _____
Street city state (ZIP)

Phone _____ Cell Phone _____ Email _____

DOB ____/____/____ Male or Female Church Membership _____

Pastor's name _____ Phone _____

What type of ministry would you like to be involved in?

- ____ Preaching
- ____ Bible Teaching
- ____ Singing
- ____ Other, please explain _____

I _____ agree to the following guidelines for ministry at the Hawkins County Jail facility. I understand that the violation of any of these guidelines may result in the suspension of my eligibility to minister at the facility.

Please initial beside each guideline.

____ I am to follow the leadership of the jail staff at all times.

____ I will not disrespect the jail staff anytime with the use of profanity and/or harsh language.

____ I understand that I am going for ministry purposes and not for personal visitation.

____ I understand and give full permission for the Hawkins Co. Jail to conduct a background check on me prior to my eligibility into the facility.

____ I understand that on the date of ministry that I should arrive at the jail with a valid photo ID, no bags, no keys, no pens/pencils, nor phones.

____ I understand that the allotted time for preaching and or Bible Study is one hour and will conduct a service to fit into that allotted time period.

Signature _____ Date _____