

For Office Use Only: Called Input Scheduled Role

RESTORATION JAIL MINISTRY FORM

Name: (FIRST) _____ (MI) _____ (LAST) _____

Current Address: _____

Telephone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Email: _____

Race: _____ Sex: Male Female

Date you can start as a volunteer: ____/____/____

Have you completed the state required 4hr volunteer training? _____

Place of Employment: _____

Church References: _____

I certify that the information contained in this application is true and complete to the best of my knowledge. Any statement given that is false or misleading, is ground for immediate dismissal. I agree that if allowed to perform volunteer work for the Sheriff's Department, that my position can be terminated at any time without prior notice.

Signature: _____ Date: _____