



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 _____