



Application for The Adult Jail Chaplaincy Team

Name (First, MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Religious Affiliation (and denomination): \_\_\_\_\_

Are you ordained? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Parish or Congregation: \_\_\_\_\_

Pastor's Name (or equivalent) \_\_\_\_\_

Do you have clinical training or institutional experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, briefly describe... \_\_\_\_\_

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Why do you feel called to jail ministry? \_\_\_\_\_

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Application for The Adult Jail Chaplaincy Team

Have you ever been convicted of a felony or serious misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain your past charge(s) and how your life has since changed... \_\_\_\_\_

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Are you currently on probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_

The sheriff's office requires a background check for anyone working within the jail system. Will you agree to a confidential release of such information? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please list 2 references and their contact information:*

Reference 1 (name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Reference 2 (name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By submitting this Adult Jail Chaplaincy application, you give us permission to send you Information about Transforming Jail Ministries and the Adult Jail Chaplaincy ministry. We will not give or sell your information other than what is required for you to participate in the Adult Jail Chaplaincy ministry.

**Return this application to:**

Transforming Jail Ministries  
PO Box 19070  
Cincinnati, OH 45219

Contact Us:

Phone: 513-794-9999

Email: [contact@tjmi.org](mailto:contact@tjmi.org)

TJM Rev. 11/23