

CJM Volunteer & Mentor Application Form

Please **PRINT CLEARLY** (or type) entries.
Use back of page as needed

When completed, send this form to:
Christian Jail Ministry, Inc.
P. O. Box 2050
Ellicott City, MD 21041

Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Height: _____ Weight: _____ Color Eyes _____ Color Hair _____

Marital Status: single _____ separated/divorced _____ married _____

Home: phone _____ FAX _____ E-mail _____

Address _____

Employer/ Occupation _____ May we contact you at work? Yes No

Work: phone _____ FAX _____ E-mail _____

Background Information (Answer ALL questions with a NO or YES – required of all CJM volunteers/mentors)

Use the back of this page to explain any YES answers.

Have you ever been: Arrested? _____ Convicted of a crime? _____ Used illegal drugs/substances? _____

Are you now (have you ever been) involved in an activity (or do you have a medical problem) which might have an adverse impact on Christian Jail Ministry if you were a CJM volunteer or mentor? _____

Are any relatives or close friends of yours currently confined at the Howard County Detention Center (HCDC)? _____

What church (& its location) do you attend? _____

How often do you attend (circle most appropriate)

How long have you been a member of this church? _____ years. Weekly Monthly Other _____

Your church/religious involvement (deacon, choir, Bible teacher, Gideons, etc.)? Use back of page if needed.

Why do you want to be a CJM volunteer or mentor? _____

Check those activities of interest to you:

Mentor for former inmates/families:

Inside HCDC:

Other:

_____ General/friendship

_____ Worship Services

_____ CJM Board

_____ Discipleship

_____ Bible Teaching

_____ Bible lesson grading

_____ Relationships (parenting, etc.)

_____ One-on-one Discipleship

_____ CJM PR

_____ Technical/Transportation

_____ Other:

_____ Admin/Other:

Your Commitment: In submitting this application to become a CJM volunteer or mentor, I promise 1) to comply fully with all HCDC regulations (if involved inside HCDC), to comply with all CJM instructions and guidance, and 3) to fulfill my responsibilities to the best of my ability if approved for participation in this ministry. **HCDC reserves the right to do a background check on any volunteer who participates inside HCDC.**

Signed _____ Date _____

On the back of this page: Provide a brief description of your conversion and Christian commitment. Indicate why you feel that you can do the area(s) of ministry indicated above.

ALSO: Give attached forms to your pastor & two friends, asking them to send the completed forms to CJM promptly. *Don't forget to put your name on them and to sign them!*

Briefly describe how you became a Christian and those things in your background and experience which may be pertinent to your activity as a CJM volunteer or mentor:

Use this space for explanations and additional information for questions on the front side of this page.

DO NOT WRITE BELOW THIS LINE =====

Date Received:

Application _____ Pastor Ref. _____ Ref. A _____ Ref. B _____

Action Date:

CJM: Approval _____ (disapproval _____)

Where appropriate

HCDC: Background Query _____ Approval _____ (disapproval _____)

Volunteer: Orientation _____ Photo/Face Card _____

Mentor: Training Completed _____

Comments:

Candidate Volunteer or Mentor (Name): _____

Christian Jail Ministry (CJM) provides spiritual ministry at the Howard County Detention Center and to former inmates and inmate families in the area. CJM programs are Christ-centered and address the whole person: spiritual, personal, social, and material needs. The person named above is interested in becoming one of CJM's volunteers or mentors. Please take a few minutes to fill out this form so that we can complete processing of his or her application. *We ask you to reply candidly. Your response will be treated confidentially.*

I hereby request that the person indicated below supply the information requested by this form. I grant confidentiality to the information so provided, forfeiting any right to know the response on this form.

Signed: _____ Date: _____

Response from Candidate's Pastor (please type or print legibly):

Name _____ Date _____

Church & Denomination _____

Address _____ Office Phone _____
Home Phone _____

How long have you know the candidate? _____ years

Would you recommend the person as a CJM volunteer or mentor? _____

Is your church aware of the candidate's interest in ministry to prisoners, former prisoners, or inmate families? _____

Will your church pray for and encourage the candidate in this ministry endeavor? _____

Mark the most appropriate response to the following questions as they pertain to the candidate. Use the back of this page for comments and any additional information that might help CJM in using the candidate as a volunteer or mentor.

- | | | | | | | |
|--|------------------------|-------------------------|---------------|---------------|---------------|-----------|
| 1. Bible knowledge: | Extensive | Average | Limited | Unknown | | |
| 2. Church work/involvement: | Dependable & effective | | Not committed | Unknown | | |
| 3. Family situation: | Stable & happy | In turmoil/difficulties | | Unknown | | |
| 4. Character (please make all that apply): | loving | kind | patient | harsh | wise | |
| | quick-tempered | narrow-minded | rash | smart | slow | truthful |
| | honest | forgiving | holds-grudges | prejudicial | opinionated | rigid |
| | open-minded | accepting | adaptable | a-warm-person | well-balanced | extremist |

Please tell us why you think this person would be a help to CJM. Also tell us anything that you think we should know about the person to help us to make good decisions about him or her, especially any special or unusual capabilities. Thank you for helping us in this regard. *Please know that CJM processing of the candidate's application cannot be completed until we receive your completed reference.*

Information provided by (signature please): _____

Mail to: Christian Jail Ministry, P. O. Box 2050, Ellicott City, MD 21041

Candidate Volunteer or Mentor (Name): _____

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I hereby request that the person indicated below supply the information requested by this form. I grant confidentiality to the information so provided, forfeiting any right to know the response on this form.

Signed: _____ Date: _____

Response from Candidate's Reference A (please type or print legibly):

Name _____ Date _____

Address _____ Phone _____
Best time to Contact you: _____

Occupation/Position: _____

How long have you know the candidate? _____ years

In what capacity (neighbor, co-worker, etc.)? _____

Would you recommend the person as a CJM volunteer or mentor? _____

Mark the most appropriate response to the following questions as they pertain to the candidate. Use the back of this page for comments and any additional information that might help CJM in using the candidate as a volunteer or mentor.

- | | | | | | | |
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