

JESUS IS THE WAY PRISON MINISTRY

602 Liberty ~ P.O. Box 98 ~ Rantoul, IL 61866-0098

Telephone (217) 892-4044 ~ Fax (217) 892-5995

VOLUNTEER SUPPORT SERVICES APPLICATION

(PLEASE PRINT OR TYPE)

NAME: _____ **DATE:** _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ **PHONE:()** _____
(STREET) (CITY) (STATE/ZIP)

DRIVER'S LICENSE NUMBER: _____ **Email Address:** _____

DATE OF BIRTH: _____ **SPOUSE'S FIRST NAME:** _____ **NUMBER OF CHILDREN:** _____

PRESENT OCCUPATION: _____ **EMPLOYER:** _____

BUSINESS ADDRESS: _____ **PHONE:()** _____
(STREET) (CITY) (STATE/ZIP)

EDUCATION: GRADE: 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3 4 DEGREES: _____
(CIRCLE THE HIGHEST YEAR COMPLETED)

I have received, read and agree to follow the ALL of JITWPM Do's & Don'ts YES _____ DATE _____

SPECIAL TRAINING: (BUSINESS, TRADES, CRAFTS, MUSIC, MINISTRY, ETC.)

PREVIOUS MINISTRY EXPERIENCE:

PREVIOUS VOLUNTEER EXPERIENCE:

SPECIAL INTERESTS, HOBBIES, SKILLS, ETC.:

FOREIGN LANGUAGES: (INDICATE WHETHER YOU CAN READ, WRITE, OR SPEAK EACH ONE LISTED)

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION?
YES _____ NO _____ (THIS QUESTION IS FOR VOLUNTEER CHAPLAIN APPLICANTS ONLY)

ARE YOU NOW UNDER PAROLE SUPERVISION?
YES _____ NO _____ (IF YOU ANSWERED YES TO EITHER OF THE PREVIOUS TWO QUESTIONS, PLEASE ATTACH AN EXPLANATION SHEET)

DO YOU HAVE USE OF A VEHICLE WITH PUBLIC LIABILITY INSURANCE? YES _____ NO _____
(IF NO, PLEASE EXPLAIN) _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT MAY LIMIT YOUR VOLUNTEER WORK?
YES _____ NO _____ (IF YES, PLEASE EXPLAIN) _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

(NAME) (RELATIONSHIP) (TELEPHONE)

(STREET ADDRESS) (CITY) (STATE/ZIP)

TYPE OF VOLUNTEER WORK PREFERRED: (CHAPLAIN, OFFICE, OTHER) (PLEASE EXPLAIN)

WHAT DAYS AND HOURS ARE YOU AVAILABLE?

DAYS: S - M - T - W - T - F - S (PLEASE CIRCLE ALL THAT APPLY) **HOURS: _____ to _____** **AM or PM** (PLEASE CIRCLE)

PLEASE LIST THREE REFERENCES: (NON-RELATIVE) – (COMPLETE FOR VOLUNTEER CHAPLAIN APPLICANTS ONLY)
(NAME) (ADDRESS) (CITY) (STATE/ZIP) (PHONE) (YEARS KNOWN)

1. _____
2. _____
3. _____

PLEASE LIST THE CURRENT CHURCH YOU ATTEND:

(CHURCH NAME) (ADDRESS) (CITY) (STATE/ZIP) (PHONE)

(PASTOR'S NAME) (ADDRESS) (CITY) (STATE/ZIP) (PHONE)

YEARS ATTENDING: _____ **ARE YOU A MEMBER? YES _____ NO _____**

(PLEASE ATTACH A LETTER OF RECOMMENDATION FROM YOUR PASTOR OR THE COMPLETED PASTORAL QUESTIONNAIRE TO BE FILLED OUT BY YOUR PASTOR)

ARE YOU A BORN-AGAIN CHRISTIAN? YES _____ NO _____ (APPROXIMATE DATE? _____)

HAVE YOU BEEN WATER BAPTIZED? YES _____ NO _____ (APPROXIMATE DATE? _____)

HAVE YOU BEEN FILLED WITH THE HOLY SPIRIT? YES _____ NO _____ (APPROXIMATE DATE? _____)

IF YOU ANSWERED NO TO ANY OF THREE PREVIOUS QUESTIONS, AND YOU WOULD LIKE TO RECEIVE MORE INFORMATION CONCERNING THE QUESTION, PLEASE INDICATE BELOW:

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Thank you for your interest in providing support services to Jesus is the Way Prison Ministry.

Providing the information you have given us is complete we will contact you to set up an interview.