

DATE _____

NAME (FIRST) _____ (MI) _____ (LAST) _____

ADDRESS _____ CITY _____ TX. ZIP _____

HOME PHONE _____ WORK PHONE _____

CHURCH MEMBERSHIP _____ PASTOR _____

CHURCH ADDRESS _____ CHURCH # _____

WHY DO YOU WANT TO MINISTER TO YOUTH INCARCERATED IN THIS FACILITY? _____

IF YOU WERE TO DIE TONIGHT, WHY SHOULD GOD LET YOU ENTER INTO HIS HEAVEN? _____

Please read the following *DO'S & DON'TS* and sign your acceptance at the bottom of this page.

DO:

1. BE YOURSELF.
2. BE A GOOD LISTENER.
3. FOLLOW ALL ESTABLISHED RULES AND GUIDELINES.
4. SEEK HELP WHEN NEEDED. *Be willing to ask questions and ask for help.*
5. BE COURTEOUS AND COOPERATIVE.
6. BE WILLING TO LEARN.
7. KNOW JESUS CHRIST AS YOUR PERSONAL SAVIOR.
8. SHARE PERSONAL TESTIMONIES AND REPORTS OF VICTORY AND ANSWERED PRAYER.

DON'T

1. DON'T "PREACH AT" RESIDENTS. TRY TO HELP RESIDENTS ESTABLISH A HEALTHY RESPECT FOR HIMSELF OR HERSELF.
2. DON'T ASK A RESIDENT ABOUT THEIR CONDITION OF CONFINEMENT
3. DON'T MAKE PROMISES YOU CAN'T KEEP.
4. DON'T TAKE SIDES AGAINST AUTHORITIES.
5. DON'T ARGUE WITH RESIDENTS.
6. DON'T BE MANIPULATED OR "CONNED" BY RESIDENTS.
7. DON'T RUN ERRANDS, DELIVER MESSAGES, OR MAKE PHONE CALLS FOR RESIDENTS.
8. DON'T USE INAPPROPRIATE LANGUAGE
9. DON'T GIVE OUT YOUR TELEPHONE NUMBER OR YOUR ADDRESS
10. DON'T WEAR PROVOCATIVE CLOTHING, GANG CLOTHING OR GANG PARAPHERNALIA
11. DON'T GIVE THE RESIDENT ANYTHING
12. DON'T COME TO THE FACILITY UNLESS YOU ARE APPROVED AND SCHEDULED FOR THAT TIME
13. DON'T STRESS DENOMINATION OR DOCTRINE; INSTEAD STRESS THE GOSPEL OF JESUS CHRIST AND HIS LORDSHIP.

I understand all the rules and guidelines for ministering in the Bell County Juvenile Detention Center /Right Turn Youth Academy through J.A.I.L. Ministry, Inc. I further understand that I am responsible and accountable for following all of these rules. Also, I understand that I must treat all residents equally and fairly without regard to race, sex, national origin, religious preference, or physical disability.

In view of this, I further agree to be tolerant of the program viewpoints which may not be of my own persuasion. I will likewise keep my program efforts from confliction with those rights.

Numerous legal restrictions are placed on the release of client information and records. These restrictions are for the protection of the client. Legal codes state that all information and records obtained in the course of providing services to either voluntary or involuntary clients shall be strictly confidential.

The specific circumstances under which information and records may be released are specified in the facility's policy statements. Penalties for violation of confidentiality regulations are a \$500.00 fine or three times the amount of actual damages sustained by the client. A breach of confidentiality is a serious infraction of agency policy and may result in termination of your services.

Pledge of Confidentiality: I certify by my signature below that I will not release any information about clients and understand that doing so would be a serious violation of agency policy.

I certify by my signature that I have read facility policy and have sought and received clarification concerning any and all policies which I did not fully understand. As a volunteer worker at the facility, I understand that I am expected to adhere to all policies contained in this application without exception and hereby agree to do so. I further understand that failure to comply with facility policy will result in the imposition of sanctions which may include termination of my services as a volunteer at the facility.

Acknowledge by me this _____ day of _____ 2004.

***Program Applicant Signature:

***Print Name Below

The above volunteer has received orientation of compliance with the rules of the Bell County Juvenile Detention Center.

Program Officer / Date

*****ON THE REVERSE SIDE OF THIS PAGE, WRITE YOUR SALVATION EXPERIENCE*****

Juvenile Volunteer Application



Cheryl Baird
Juvenile Coordinator
P.O. Box 634
Belton, TX 76513
Office: (254)-933-8506
Fax: (254) 933-7569
E-Mail: cbaird@vjm.com

I, _____, authorize investigation of all statements contained in this application and agree to furnish or authorize J.A.I.L. ministry, Inc. to collect all material such as transcripts of academic credits, training certificates, employment verification, criminal and driving records and any other related material pertaining to approval for volunteer service at the Bell County Juvenile Detention Center/ Right Turn Youth Academy.

Information provided in this section is used for identification purposes only.

Please Print

Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ TX. Zip Code _____

Telephone Number :() ____-____ Cell Number :() ____-____

E-Mail Address: _____

Date of Birth: ____/____/____ SS # ____-____-____

Sex:____ Race:_____

Driver's License Number _____ State _____

Signature of Applicant: _____ Date: _____

Service Requesting

____ Thursday Night

____ Saturday Church

Office use only

A review of available information through *NCIC/TCIC* was done on _____

By _____ and _____
PSO / Bell County Jail Cheryl Baird/ J.A.I.L. Ministry

____ Application approved

____ Application denied