

Volunteer Application
Bell County Juvenile Services
J.A.I.L. Ministry, Inc.

All blanks within this application must be filled in completely. Any areas left blank will delay the processing of your application.

If a blank does not apply enter N/A in the blank.

Thank you for being obedient to “The Great Commission”
Your blessing is guaranteed in heaven!

“ . . . I was in prison, and you came to me.”

Ref. Matthew 25:36 NASB

“ . . . To the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.”

Ref. Matthew 25:40 NASB

J.A.I.L. Ministry, Inc. 211 E. Central Belton, Texas 76513
254-933-8506 Offices 254-933-7569 Fax
Email: jailmin@jailmin.org Website: www.jailmin.org

Bell County Juvenile Services Volunteer Application

Dear Applicant,

We are very proud of the volunteer participation in the various programs that are provided for the Bell County Juvenile Service Center. It is, however, necessary to evaluate each volunteer prior to gaining access to the facility

Prior to completing this application, you should be aware that a background investigation (including criminal history) will be conducted.

Rejected applicants, and their sponsors, are advised "we do not consider them appropriate at this time." Further information will not be released.

Accepted applicants, and their sponsors, will be advised of acceptance. You will then be admitted to the facility, subject to the requirements of the program and the rules you have agreed to follow.

With this understanding, you are encouraged to complete the application information. Your interest in volunteer programming is appreciated. We look forward to reviewing your application.

LAST NAME: _____ FIRST: _____ MI: _____

DATE OF BIRTH: _____ D.L. #: _____ S.S. #: _____ STATE:

RESIDENCE ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION OR POSITION: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

PROGRAM VOLUNTEERED FOR: _____ REFERRED BY: _____

EXPLAIN YOUR INTEREST IN THESE VOLUNTEER JUVENILE SERVICES. PROGRAM:

J.A.I.L. Ministry, Inc.
Juvenile Services Volunteer Application

DATE: _____ SEX: M _____ F _____ RACE: _____

LAST NAME: _____ FIRST: _____ MI: _____

ADDRESS: _____ CITY: _____ ST.: _____

ZIP: _____ HOME TELEPHONE: _____ WORK TELEPHONE: _____

EMAIL: _____ CHURCH MEMBERSHIP: _____

PASTOR: _____ CHURCH ADDRESS: _____

CHURCH PHONE: _____ CHURCH EMAIL: _____

WHY DO YOU WANT TO MINISTER TO JUVENILES? _____

IF YOU WERE TO DIE RIGHT NOW, WHY SHOULD GOD LET YOU ENTER INTO HIS HEAVEN?

On the reverse side of this form you may write your Salvation experience.

DO'S

1. Be yourself
2. Be a good listener
3. Follow all established rules and guidelines
4. Seek help when needed.
5. Be courteous and cooperative.
6. Share personal testimonies and reports of victory and answered prayer.
7. Know Jesus Christ as your personal Savior.
8. Be willing to learn.

DON'TS

1. Don't "Preach" at a juvenile. Try to help them establish a healthy respect for him or her.
2. Don't ask a juvenile about his or her crime.
3. Don't make promises you can't keep.
4. Don't visit the juvenile's family or friends.
5. Don't take sides against authorities.
6. Don't argue with a juvenile.
7. Don't be manipulated or "Conned" by a juvenile
8. Don't run errands, deliver messages, or make phone calls for a juvenile
9. Don't stress denomination or doctrine. Stress Jesus Christ and His Lordship.

10. Other Don'ts – I understand the following:

- Don't Start late or End late
- Don't Discuss a juvenile's guilt or innocence
- Don't Discuss other juvenile's circumstances
- Don't Give or accept gifts or favors
- Don't Carry contraband or messages
- Don't Discuss conditions of confinement
- Don't Use profane language
- Don't Give out your telephone number or address
- Don't Wear provocative clothing
- Don't Wear gang clothing or paraphernalia
- Don't Wear clothing with advertisements
- Don't Give a juvenile anything

I understand all rules and guidelines for ministering in the Bell County Juvenile Services Center 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 sensitive to the program viewpoints which may not be of my own persuasion. I will likewise keep my program efforts from conflict 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

SIGNATURE

DATE

APPROVED BY CHAPLAIN

DATE

Acknowledged by me this _____ day of _____ 20_____.

Program Volunteer Signature

Please Print Name

The above volunteer has received orientation in compliance with the rules of the Bell County Law Enforcement Center. Further it (is) (is not) anticipated that the volunteer will spend more than thirty (30) hours per month within the facility.*

Program Officer Signature

Date

*State law requires the testing of any such volunteer on an annual basis. If test is required, attach BCJA81



Criminal History Information Form

Please Print Legibly if not typed. Use drop down boxes where available.

This information is only used as identifying a person; not a hiring tool.

Name: _____
Last, First, Middle – full name

Suffix or ALL previous legal names: _____

Date of Birth: _____
MM/DD/YYYY

Social Security #: _____

Race: _____ Gender: _____ Height: _____ Weight: _____
M/F Feet & Inches LBS

Hair Color (as of today): _____ Eye Color: _____

Driver's License #: _____ Class: _____ State: _____

Physical Address: _____
Street Number & Name City State ZIP

Telephone: _____ Place of Birth: _____
City, State or Town/Country

Bell County Sheriff's Department – Sheriff Eddy Lange
111 W. Central Ave, Belton, TX 76513
254-933-5992
jenny.clay@bellcounty.texas.gov

AUTHORITY TO RELEASE INFORMATION

County Employees entering CJIS area other than trained TCIC/NCIC staff

This release, when presented by a duly authorized representative of the Bell County Sheriff's Department, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Bell County Sheriff's Department: *Police and Criminal; Motor Vehicle and Driving; Polygraph Examinations; and the UNDELETED copy my military separation document from the appropriate Military Records Center and Department of Veterans Affairs.*

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the County of Bell and for the purposes of entry into areas where CJIS requirements apply. The intent of this authorization is to provide full applicant-authorized access to the criminal history history and fingerprinting of applicant, and CJIS training for the specific purpose of pursuing an investigation, which may provide pertinent data for the County of Bell, to consider my suitability for employment.

I understand that any information obtained by a criminal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization, will be considered in determining my suitability for employment by the County of Bell and conducted by the Bell County Sheriff's Department. I understand that all materials pertaining to this background investigation become the property of the Bell County Sheriff's Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the confidential information or source of information will not be revealed to me.

I understand that in the event the investigating agency finds criminal conduct that does not meet the CJIS requirements, or that I do meet the requirement for CJIS, the investigating agency has my permission to disclose only a 'pass or fail' notice to the hiring manager for the County of Bell.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Applicant's Printed Full Name: _____
Address: _____
Telephone Number: _____
Last four of Social Security Number: _____

Do not fill out the signature line until in presence of Notary:

Applicant Signature: _____

Notary Signature: _____ Notary Printed Name: _____ Commission Expires: _____
Sworn to and signed before me, on the ____ day of _____, 20__, in and for Bell County, in the State of Texas.

Bell County Juvenile Services Center

Standards for Volunteer Programs

I have been approved as a volunteer worker to provide certain programming and opportunities to inmates confined in the Bell County Juvenile Service Center. In connection with my application and this approval, I hereby agree to the following terms and conditions.

1. **Contraband** – I understand that juveniles are not allowed to receive anything from me. This means I cannot even lend a pen to them without possible disciplinary action against the inmate and my removal from the facility.
2. **Program materials** – I understand that a Correctional Officer will screen and authorize the delivery of any legitimate program materials according to facility guidelines on quantity, content, and circumstance.
3. **Personal belongings** – I agree to secure my personal belongings prior to entering the facility. Cell Phones, purses, wallets, and other items are not allowed.
4. **Searches** – I understand that any person entering or leaving the facility is subject to search. Possession of alcohol, weapons, or controlled substances is a felony and will be aggressively prosecuted.
5. **Attire** – I understand that my personal appearance must be acceptable in that no tight fitting, revealing, or provocative clothing will be allowed. Jewelry and other such accompaniments are discouraged.
6. **Safety** – I will follow all instructions given to me by Correctional Officers promptly and without question. In the event of a disturbance, I will back up against a wall and not interfere with the duties of the officer.
7. **Obligation to report** – I understand that state law requires me to report criminal activity that is known to me in such cases as escape plans and threats to the personal safety of employees, volunteers and others.
8. **Personal contact** – I understand that my contact with juveniles must be kept on a professional program level and that I cannot deliver messages or money to, from, or for any juveniles.
9. **Pre-existing relationship** – I will report to the program officer any relationship within the Juvenile Service Center such as a friend or relative being confined. This will protect the integrity of the programs.
10. **Offense** – If at any time after being accepted as a J.A.I.L. Ministry Juvenile Services Volunteer I am charged with an offense in Bell County, the State of Texas or the United States, I will within one week of the offense notify the Executive Director of J.A.I.L. Ministry in writing. I may be asked to resign as Juvenile. Ministry Volunteer.

Date: _____

Print Name _____

Signature: _____