

# Juvenile Volunteer Application



Cheryl Baird  
Juvenile Coordinator  
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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 Services Center.

*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: \_\_\_\_\_

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

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 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 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 \_\_\_\_\_ 2012

\*\*\*Program Applicant Signature:

\*\*\*Print Name Below

\_\_\_\_\_

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

\_\_\_\_\_  
Program Officer / Date

*PLEASE EMAIL YOUR SALVATION EXPERIENCE TO [jailmin@jailmin.org](mailto:jailmin@jailmin.org)*

