MINISTRY, INC.

Office: (757) 723-5626

40 Kings Way Hampton, VA 23669

Website: www.secorrmin.com Email: admin@secorrmin.com

Interested in Volunteering?

Please read the following qualifications for joining this ministry. Additionally, I pray that God will show both you and Southeastern Correctional Ministry (SCM) His will regarding your involvement in this ministry.

Qualifications for the ministry include:

- 1. All volunteers shall have a commitment to our Lord Jesus Christ through a personal, growing relationship.
- 2. All volunteers are to be over the age of 18.
- 3. All volunteers shall be free of probations and incarcerations for at least three years.
- 4. All volunteers shall adhere to the SCM Statement of Faith.
- 5. All volunteers shall be born again as shown in John 3:1-8 and be a faithful member in a Christian congregation.
- 6. All members shall be a part of a body of believers that can provide support, encouragement and accountability.
- 7. All volunteers shall have and maintain a Christian lifestyle of integrity, balance, maturity and emotional stability.

If after reading these qualifications, you feel you should take the next step, please complete this application and email or mail it to the address above. Upon review of your application, you will be contacted to schedule an appointment for an interview, either by phone or in person. Please note that completing this application does not imply any commitment on your behalf or on the behalf of SCM.

Thank you for your interest and desire to serve our Lord and Savior in this ministry.

Matthew 25:36 Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.

Southeastern Correctional Ministry Volunteer Application

First Name:		Last Name:				
Email:		Address:				
Cell phone:	()	City, State, Zip:				
Home phone:	()	Work phone:	()	PHOTOGRAPH		
Employer:		Work Address:		One picture is needed and should		
Occupation:		City, State, Zip:		be recent and clear		
		Height:		1" x 1" or larger. Electronic images		
DOB:				(if used) must be in		
Race:				jpeg format with min size 600x600		
Marital Status:	\Box Single \Box M	farried 🗆 Div	orced	and max 1200x1200.		
If Married, Spouse's name: Emergency Contact Name and Phone (and relationship)						
Education level: High School College Other						
Any previous c	convictions or arrests?	□ YES □ NO	If yes explain:			
Have you recei	ved the Lord Jesus Chris	st into your heart a	s your personal Lord an	nd Savior?		
Please share yo	our personal Christian tes	timony and witnes	s of what the Lord has	done in your life:		
Please share wh	hy you would like to be i	nvolved with SCM	I in the jails and prison	s:		

Please explain your concept of salvation:

Please explain your concept of Heaven and Hell:

Name three of your character strengths:

Name three of your character weaknesses:

List your talents, interests and abilities:

List any type of Christian work or volunteer experience:

Ministry Interest

□ Bible Teacher		Grief Counselor	□ Literature Distributor
Please provid	e two references		
Name: (1)		Relationship:	
Address:		City, state, zip:	
Phone:	()	Email:	
Name: (2)		Relationship:	
Address:		City, state, zip:	
Phone:	()	Email:	
Your church:		Address:	

Pastor name: ______ Attended: ______ years

Phone:

AGREEMENT

() City, state, zip: _____

I, ______, of my own free will and without any offer of financial gain, offer my services as a volunteer to Southeastern Correctional Ministry. I understand

(1) SCM requires each volunteer to be an active member of a local Christian body;

(2) that the Ministry accepts and assigns volunteers when there is a need;

(3) that volunteers are expected to be faithful in attendance as a volunteer; and

(4) the ministry requires strict adherence to its rules and policies concerning security and dealing with inmates. I have read these rules and policies and understood them.

I acknowledge the need for and agree to a background investigation of my personal affairs, which may include all or parts of the following:

- Law enforcement records check
- Fingerprint check
- Personality and attitude interview
- Polygraph examination

I AGREE TO ATTEND THE VOLUNTEER ORIENTATION TRAINING AND ALL OTHER TRAINING REQUIRED. Also, I acknowledge my agreement to the above requirements by affixing my signature on the line provided below.

Signature:

Date:

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PASTOR REFERENCE

Please mail directly to SCM for confidentiality

Applicant's Pastor: Church phone:	Church:Email:
Church fax: Applicant's name: Briefly describe their Christian character?	How long have you known him/her? years
What are their strengths for jail ministry?	
Is there any reason you feel they should not become a v	volunteer with SCM?

Do you believe, based on past experiences, they will be able to keep their commitments to the responsibility and time required for this ministry?

Do you believe they will be able to deal with a variety of beliefs, attitudes and conditions without becoming dogmatic and argumentative?

We support volunteers through training seminars, communication, prayer and fasting, however we expect every volunteer to remain under submission to their Pastor. Are you willing to provide a spiritual covering for them?

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PERSONAL REFERENCE 1

<u>Please mail directly to SCM for confidentiality</u>

Applicant's name:	Phone:
How long have you known him/her?	years
And in what capacity (friend, neighbor, co-worker, etc	.)
Briefly describe their Christian character?	
What are their strongths for isil ministry?	
What are their strengths for jail ministry?	
Please describe any character concerns you may have	about the applicant.
Is this applicant able to keep their commitments to the	responsibility and time commitments? Give example:
Do you believe they will be able to deal with a variety dogmatic and argumentative?	of beliefs, attitudes and conditions without becoming
We support volunteers through training seminars, comfor them?	munication, prayer and fasting, Are you willing to pray
Is there anything else you would like to add?	
Is there anything else you would like to add?	
Is there anything else you would like to add?	
I Do or Do not,	_ , wholeheartedly give my endorsement for
I Do or Do not,	_ , wholeheartedly give my endorsement for _ as a volunteer in your jail and prison ministry.
I Do or Do not,	_ , wholeheartedly give my endorsement for _ as a volunteer in your jail and prison ministry. Date:

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PERSONAL REFERENCE 2

<u>Please mail directly to SCM for confidentiality</u>

Applicant's name:
How long have you known him/her? years
And in what capacity (friend, neighbor, co-worker, etc.)
Briefly describe their Christian character?
What are their strengths for jail ministry?
Is there any reason you feel they should not become a volunteer with SCM?
Do you believe, based on past experiences, they will be able to keep their commitments to the responsibility and time required for this ministry?
Do you believe they will be able to deal with a variety of beliefs, attitudes and conditions without becoming dogmatic and argumentative?
Is there anything else you would like to add?
I Do or Do not,, wholeheartedly give my endorsement for
(applicant) as a volunteer in your jail and prison ministry.
Print Name: Date:
Signature: Phone: () Cell or Home
Email:

Please check the box if you would prefer not to receive Newsletters and updates from SCM Ministry