

SOUTHEASTERN CORRECTIONAL MINISTRY, INC.

Office: (757) 723-5626
Fax: (757) 723-2920

40 Kings Way
Hampton, VA 23669

Website: www.secorrmin.com
Email: info@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: _____

Employer: _____ Work Address: _____

Occupation: _____ City, State, Zip: _____

Height: _____

DOB: _____

Hair color: _____ Eye color: _____

Race: _____

Marital Status: Single Married Divorced

If Married, Spouse's name: _____

Education level: High School College Other _____

Any previous convictions or arrests? YES NO If yes explain: _____

<p>PHOTOGRAPH One picture is needed and should be recent and clear 1" x 1" or larger. Electronic images (if used) must be in jpeg format with min size 600x600 and max 1200x1200.</p>

Have you received the Lord Jesus Christ into your heart as your personal Lord and Savior? YES NO

Please share your personal Christian testimony and witness of what the Lord has done in your life:

Please share why you would like to be involved with SCM in the jails and prisons:

Please explain your concept of the Father, Son and Holy Spirit:

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 provide two references

Name: (1) _____ Relationship: _____

Address: _____ City, state, zip: _____

Name: (2) _____ Relationship: _____

Address: _____ City, state, zip: _____

Your church: _____ Address: _____

Phone: _____ City, state, zip: _____

Pastor name: _____ Attended: _____ years

AGREEMENT

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: _____

Church phone: _____ Email: _____

Church fax: _____

Applicant's name: _____ How long have you known him/her? _____ years

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?

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?

Is there anything else you would like to add? _____

I, _____, wholeheartedly/DO NOT give my endorsement for
(applicant) _____ as a volunteer in your jail and prison ministry.

Date: _____

Signature: _____ Phone: _____

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PERSONAL REFERENCE 1

Please mail directly to SCM for confidentiality

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?

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PERSONAL REFERENCE 2

Please mail directly to SCM for confidentiality

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?

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