

# Jail Ministry Application

Please complete the following ministry application with initials at each guideline and signature at the bottom of the form. Return the completed form to the Holston Valley Baptist Association, 207 Hawkins Street, Rogersville, TN 37857 or email it to hvbaoffice@gmail.com.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female Church Membership \_\_\_\_\_

Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_

What type of ministry would you like to be involved in?

\_\_\_\_ Preaching

\_\_\_\_ Bible Teaching

\_\_\_\_ Singing

\_\_\_\_ Other, please explain \_\_\_\_\_

I \_\_\_\_\_ agree to the following guidelines for ministry at the Hawkins County Jail facility. I understand that the violation of any of these guidelines may result in the suspension of my eligibility to minister at the facility.

**Please initial beside each guideline.**

\_\_\_\_ I am to follow the leadership of the jail staff at all times.

\_\_\_\_ I will not disrespect the jail staff at any time with the use of profanity and/or harsh language

\_\_\_\_ I understand that I am going for ministry purposes and not for personal visitation.

\_\_\_\_ I understand and give full permission for the Hawkins Co. Jail to conduct a background check on me prior to my eligibility into the facility.

\_\_\_\_ I understand that on the date of ministry that I should arrive at the jail with a valid photo ID, no bags, no keys, no pens/pencils, nor phones.

\_\_\_\_ I understand that the allotted time for preaching and or Bible Study is one hour and will conduct a service to fit into that allotted time period.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Hawkins County Sheriff's Office

117 Justice Center Drive  
Rogersville, Tennessee 37857-3393

*Sheriff Ronnie Lawson*



Main: 423-272-4848  
Fax: 423-272-7019

Emergency: 911  
Jail: 423-272-6968

## HAWKINS COUNTY LOCAL BACKGROUND CHECK

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

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

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**DRIVERS LICENSE #:** \_\_\_\_\_

**I am a program volunteer inside the jail, and give the Hawkins County Sheriff's Office permission to complete a criminal background check.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **NO RECORD**

\_\_\_\_\_ **RECORD (SEE ATTACHED)**

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY**

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\_\_\_\_\_  
**SIGNATURE OF RECORDS CLEARANCE OFFICER**

\_\_\_\_\_  
**DATE**

**THIS IS A LOCAL BACKGROUND CHECK ONLY AND WILL ONLY COVER HAWKINS COUNTY. PLEASE SEE HAWKINS COUNTY CLERKS OFFICE FOR DISPOSITION OF CHARGES. (423) 272-4517.**