

Please return completed forms to:

State of Alaska
Department of Corrections
Chaplaincy Services Administrator

619 E. Ship Creek Avenue, Suite 241 • Anchorage, AK 99501

Phone: (907) 269-7414 • FAX: (907) 269-7422

Email: Shelley.Myatt@alaska.gov

RELIGIOUS VOLUNTEER APPLICATION

Mr./Mrs./Miss/Rev. _____ Cell Phone _____
Home Address _____ Home Phone _____

Home Address _____ email _____

Mailing Address _____ Zip _____

Birthdate _____ Age _____ Birthplace _____ Race _____ Eye color _____ Hair color _____

Sex: M _____ F _____ Alaska Driver's License (or I.D.) # _____ S.S.# _____

Alternate I.D.: Passport # _____; Military I.D.# _____

Employed by _____ Phone _____

Work Address _____

Type of Work/Job Title _____

List Types of Work Experience _____

Vocational Training _____

Military Service: Branch _____ Type of Discharge _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Spouse's Name _____ Names and ages of children, if living at home _____

Church Name _____ City _____

Pastor _____ Phone _____ Denomination _____

Character Reference: Name _____ Phone _____

Emergency Contact: Name _____ Phone _____

Yes _____ No _____ Are you a United States Citizen? If no, please attach documentation of current status.

Yes _____ No _____ Do you have a physical disability? If so, what? _____

Yes _____ No _____ Do you have reliable transportation?

Yes _____ No _____ Are you currently an: Ordained Minister _____ Licensed Minister _____ Other: _____

If so, with what religious body? _____

Yes _____ No _____ Have you been arrested in the last five years? If so, when, where and for what? _____

Yes _____ No _____ Have you ever been convicted of a felony? If so, when, where, and for what? _____

Yes _____ No _____ Are you presently on probation or parole?

High School Graduate? Yes ____ No ____ GED ____
College: Number of years ____ Degree(s) and Major ____
Graduate School: Degree(s) and Major ____
Foreign languages spoken ____
Other education or special training ____

Interests and Leisure Activities: List your specific interests (i.e. hobbies, sports, music, reading, entertainment)

Why do you want to be a prison ministry volunteer? _____

Times Available: Weekdays _____ a.m. ____ p.m. ____
Weeknights _____
Weekends _____

Do you have friends or relatives incarcerated in an Alaska prison? Yes ____ No ____
If yes, please indicate name(s), institution(s) and relationship _____

I understand that a police records/criminal history check is a necessary security procedure for acceptance into this program. My signature below authorizes initial and periodic re-checks as deemed necessary for my continued participation, confirms my agreement to abide by all rules and regulations of the Department of Corrections and its administrative components and my understanding that false and/or incomplete information will result in non-acceptance or discharge from this program. My signature certifies the truth and accuracy of the information herein provided. (Photocopies and/or faxes shall be as valid as the original)

Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE—FOR STAFF USE ONLY

Date Received _____
Orientation Date _____
Orientation By _____
Institution Preferred _____
Card Status _____
Assignment _____

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REFERENCE EVALUATION FOR VOLUNTEERS

(To be completed by current Pastor)

Applicant's Name _____

Church position/title held by applicant: _____

(i.e. Lay Person, Ordained or licensed Professional Clergy, Presiding Overseer, Ministerial Servant, Elder, Bishop, Minister, Pastor)

Evaluator's Name _____

How long have you known applicant? _____

In what capacity? _____

Please indicate your observations regarding the applicant's strengths/weaknesses in the appropriate column:

| | Very Strong | Strong | Average | Weak | Very Weak |
|------------------------------------|----------------|--------|---------|------|--------------|
| Spiritual maturity | | | | | |
| Tolerance of the beliefs of others | | | | | |
| Dependability | | | | | |
| Teachable | | | | | |
| Positive role model | | | | | |
| Responsible | | | | | |
| Follows directions | | | | | |
| Initiative | | | | | |
| Patience | | | | | |
| Perseverance | | | | | |
| Assertiveness | | | | | |
| Responsiveness to others | | | | | |
| Non-judgmental attitude | | | | | |
| Ability to keep a confidence | | | | | |
| Responsiveness to authority | | | | | |
| Counseling | | | | | |
| Visitation | | | | | |
| Teaching | | | | | |
| Preaching | | | | | |

How do you perceive the applicant's vulnerability to manipulation?

Highly vulnerable _____ Somewhat vulnerable _____ Not vulnerable _____

Please add any comments you think might be helpful on the reverse side.

DATE: _____ SIGNATURE: _____

Church Name: _____