



Jericho Commission

Rooted in the mission of Jesus Christ, our purpose is to provide quality and compassionate care and service to ex-offenders; to improve life in the transitional communities in which they live, hence reducing recidivism.

Jericho Commission Application for Reentry of Ex-offenders

Religious Services Director Appraisal

Inmate Information -- To be completed by inmate

| | | |
|--|----------------------------------|-----------------|
| First Name: | Last Name: | Middle Initial: |
| D.O.C. # | D.O.B. / / | Release Date: |
| City & Address Returning to: _____ | | |
| I GRANT PERMISSION FOR THE RELEASE OF ANY AND ALL INFORMATION FOR THE PURPOSE OF ANSWERING THE FOLLOWING QUESTIONS. | | |
| I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, JERICHO COMMISSION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, RELIGIOUS DIRECTOR, CHURCHES, OR PERSONS GATHERING OR FURNISHING INFORMATION. | | |
| Inmate Printed Name: _____ | | |
| Inmate Signature: _____ | | Date: _____ |
| <i>This portion to be completed and signed by inmate</i> | | |

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***This portion to be completed by Religious Director***

**Religious Services Director Appraisal**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| First Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last Name: | Title: |
| Institution Name and Address:<br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |        |
| The above stated inmate is applying to participate in Jericho Commission, a Christ-based reentry program for Christian inmates. Upon the inmate's request and confirmed by the inmate's signature above, the inmate grants permission for the religious director or staff closely related to his/her spiritual care while incarcerated at your institution to answer the following questions. Please answer to the best of your ability. Thank you.<br><b>This information will not be shared with the inmate.</b> |            |        |

|                                                                                      |                                                          |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. How long have you known the inmate?<br>[years            ] [ months            ]  | Date of first contact:            /            /         |
| 2. To your knowledge does the inmate have a faith background prior to incarceration? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 3. What religious service(s) does this inmate participate in? Circle all that apply.                                                        |                              |                             |
| <b>Protestant   Catholic   Islamic   Jewish   Jehovah Witness   LDS   Eastern Religions   Other _____</b>                                   |                              |                             |
| 4. What type of services? Circle all that apply                                                                                             |                              |                             |
| <b>Bible Studies   Main Services   Seminars   Self-Studies</b>                                                                              |                              |                             |
| How often does the inmate attend these services? <b>Regularly      Occasionally</b>                                                         |                              |                             |
| 5. Does the inmate fellowship with inmates of other religious persuasions?                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. How long has the inmate been attending Christian Services?<br>[years                    ] [ months                    ]                  | Date first started:          | /            /              |
| 7. Does the inmate seem to have a good basic understanding of Christian theology?                                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. To the best of your knowledge, has the inmate been baptized?                                                                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Is the inmate consistent with his/her life in and out of the church?                                                                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. To the best of your knowledge, has the inmate had any disciplinary charges?                                                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. If applicable, does the inmate talk about his/her family and share with them?                                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. Does his/her family receive clergy visits?                                                                                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. To the best of your knowledge, does the inmate display remorse?<br>Explain: _____                                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Do you have reservations concerning the inmate's spiritual walk?<br>If yes, please explain<br>_____<br>_____<br>_____<br>_____<br>_____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i><b>Please use additional notepaper if necessary indicating Question #14</b></i>                                                          |                              |                             |
| 15. Do you have concerns for the inmate having a spiritual mentor?<br>If yes, please explain<br>_____<br>_____<br>_____<br>_____<br>_____   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i><b>Please use additional notepaper if necessary indicating Question #15</b></i>                                                          |                              |                             |

16. Does the inmate have healthy relationships with staff and volunteers? YES  NO   
 If no, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please use additional notepaper if necessary indicating Question #16***

17. Does the inmate display respect for authority? YES  NO

18. Does the inmate openly socialize with other inmates? YES  NO

19. Does the inmate openly socialize with inmates of other cultures and ethnicity? YES  NO

20. Does the inmate have good personal hygiene? YES  NO   
 If no, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please use additional notepaper if necessary indicating Question #20***

21. Does the inmate wear appropriate clothes to services? YES  NO   
 If no, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please use additional notepaper if necessary indicating Question #21***

22. Does the inmate have a personal Bible? YES  NO

23. How often does the inmate have contact with the religious services or spiritual director?  
                                          **Never**                                           **Normally**                                           **Excessively**

24. Does the inmate have a good reputation with other inmates or spiritual director? YES  NO

\_\_\_\_\_  
*Signature of Chaplain or Religious Director*                                           Date

Please mail to the following address:  
                                          The Jericho Commission  
                                          P.O. Box 3067  
                                          Springfield, MO, 65808  
                                          Rev. 6-29-09