



JERICO COMMISSION

Mentor/Volunteer Application

The Jericho Commission is excited about your interest in Mentor/Volunteer Ministry. You will have an awesome opportunity to empower, impact and invest in the lives of others through your gifts and talents. We invite you to be a part of our ever-growing and exciting ministry. Prayerfully consider getting involved. We encourage you to move from spectator to participator by serving in the ministry. Schedules are flexible to accommodate times that work best for you.

...Let our light shine before men, that they may see your good deeds and Praise your Father in Heaven. Matt 5:16

| | | |
|----------------|----------------|--|
| First name: | Middle name: | Last name: Maiden Name (if applicable): |
| Address: | | |
| City: | State: | Zip code: |
| Cell phone: | Home phone: | Work phone: |
| Date of birth: | State born in: | Gender: M F |
| Email: | Referred by: | Date Available: |

| |
|--|
| Are you a Christian: Y N |
| If yes, explain how and when you became a Christian: |
| What church do you attend? |
| Pastor's name: |
| Address: |
| Phone number: |
| Email address: |

Do you smoke? Y N

If yes, are you able to refrain from tobacco use during volunteer hours? Y N

Have you sought treatment for or have you been arrested for any offense involving alcohol or illegal drugs? Y N

If yes, please give details, i.e., dates, charges, convictions:

If yes, are you on probation or parole? Y N

Have you ever been convicted of a criminal offense (not including routine traffic violations other than DUI) Y N *Answering yes will not necessarily exclude you from consideration as a volunteer.*

If yes, please list all convictions, i.e., dates, charges, convictions:

If yes, are you on probation or parole? Y N *Answering yes will not necessarily exclude you from consideration as a volunteer.*

Interests:

Hobbies:

Go to <http://www.churchgrowth.org/cgi-cg/gifts.cgi?intro=1> and take the spiritual gifts analysis. Print the result and attach it as part of this application.

| | |
|----------------------------|---|
| Pastor or Chaplain: | If no pastor or chaplain list a Sunday School teacher, Elder, Deacon, PO, or other significant person: |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City _____ State _____ | City _____ State _____ |
| Zip _____ | Zip _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |

After reading and agreeing to follow each these guideline, please check it; then sign below.

_____ I agree to abide by the guidelines while serving as a volunteer mentor, providing service to re-entry inmate AND/OR participant programs.

_____ I hereby release and discharge Jericho Commission from liability with regard to any damages, losses or injuries sustained by me arising out of, or relating to my volunteer services.

_____ I understand that I am freely entering into this volunteer arrangement and that I will receive no pay or benefits.

_____ I am willing to communicate regularly and openly with program staff, provide information regarding mentoring activities, and receive feedback about any difficulties during the participation in the mentoring program.

_____ I am willing to attend an initial mentor training session and additional training if deemed necessary, after being matched with a participant.

_____ If selected as a mentor, I understand any violations of guidelines could result in suspension and / or termination of the mentoring responsibilities.

_____ I am willing to adhere to a one-year commitment of mentoring.

"I hereby declare that the information I have provided is correct and accurate to the best of my knowledge. I further declare that there is no misrepresentation in this application. If, during the investigation of this application or at any further date, while I am enrolled in the Jericho Commission Program, misrepresentation is found to be true and accurate, there may be disciplinary action taken by Jericho Commission, up to and including dismissal from the Jericho Commission Program."

Signature

Date

Print name



MENTOR/VOLUNTEER CONFIDENTIALITY AGREEMENT

I _____, understand that any information regarding a Jericho Commission participant is bound by the Freedom of Information Act (5 USC 552), the Privacy Act of 1974 (5USCa, and Part 2 of the Title 42 of the Code of Federal Regulations).

I further understand that anything that I may hear or read about my participant can only be disclosed to the Jericho Commission Screening & Assessment board, Parole or Probation Officers or participant's counselors. Information can be disclosed to the Church Care Team of your church according to the Freedom of Information Act (5 USC 552).

I understand that I have a duty to report to the Church Care Team, Jericho Commission or the Participant's Parole Officer any information concerning the violation of any law or ordinance, rules of the court, Jericho Commission rules, or endangers the welfare of any individual.

I fully understand these rules and will abide by them to the best of my abilities.

Signature

Date

Printed name

Authorization to Release Information

PLEASE READ BELOW AND SIGN INDICATING THAT YOU UNDERSTAND AND AGREE TO

I understand that in processing my application, research may be done in which information is obtained through personal interviews, written requests, and a review of information provided on the application or released from my church, Pastor, acquaintances, and law enforcement or other government agencies. I authorize you to verify my past or present information or related data provided on this application or through the interview process. I further understand and waive my right of privacy in this application and hold harmless Jericho Commission from any liability. I understand reports may be requested and may include information as to my character, work habits, credential verification, volunteer performances, and experiences. I furthermore declare that I have answered all questions honestly and to the best of my ability. **I release this information freely to Jericho Commission, and they have my permission** to provide a copy of my application and/or subsequent information to ministries, agencies or individuals who are a part of this group to assist me in my release plan.

I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, JERICHO COMMISSION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.

Signature

Applicant's PRINTED Name

Date

***Note:**

If you are incarcerated, a [Religious Services Director's Appraisal](#) must be completed by your Chaplain or Religious Director and attached to this application.

If you are not incarcerated, a [Pastoral Referral](#) form must be completed your Pastor or other significant person of authority in your church and sent to the below address.

Both of these forms can be found at
<http://jerichocommission.org/applications/applications.html>

Mail to:

Jericho Commission
PO Box 3067
Springfield, MO 65808

Revised: 04/26/2010