



Washington County Sheriff's Office

Jail Ministry Application

Person seeking Access to Jail for Ministry

Full Name:			
Street Address:			
City:	St:	Zip:	
Description:	Sex:	Height:	Weight:
Drivers License:	State:		DOB: / /
Phone:	()	-	
Jail ministry may be hazardous – List somebody we can contact in case of emergency below			
Emergency Contact:			
Emergency Phone:	()	-	

Organization Represented

Name of Organization:			
Street Address:			
City:	St:	Zip:	
Contact Name:			
Contact Phone:			

By signing below, I acknowledge that Jail Ministry occurs in an environment that, by its very nature, can be dangerous and unpredictable. I agree to abide by all rules and regulations of the Sheriff's Office, and to fully cooperate with any guidance or direction given during my visits.

Signature of Applicant:		Date Signed:	
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INTERNAL USE ONLY

Approved by:	Date:
Notes:	