



Last Name Initial

GENESEE COUNTY JAIL CLERGY / RELIGIOUS VOLUNTEER PASS APPLICATION



Date: _____ [Please Print]

Name: _____

Mailing Address: _____
City State Zip Code

Home Address: _____
City State Zip Code

Home Phone: _____ Cell # _____

Race: _____ Sex: _____

Date of Birth: _____ (mo.) _____ (day) _____ (year)

Drivers License No: _____ - _____ - _____ - _____

Social Security No: _____ - _____ - _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Have you completed the MSA Jail Chaplaincy Classes? Yes No

If Yes, Year completed _____ Location: _____

Church: _____

Church Address: _____

Church Phone: _____

Position at Church: _____ NA

Church Denomination: _____

Were you ever arrested? Yes No

If Yes, Please Give Details:

I ATTEST TO THE FACT THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE THE LOSS OF MY PRIVILEGES AS A CLERGY/RELIGIOUS PASS HOLDER. I ALSO GIVE THE GENESEE COUNTY SHERIFF PERMISSION TO DO A CRIMINAL HISTORY / WARRANTS OR WANTS RECORD CHECK.

Signature: _____

-----Office Use Below Only-----

Pastor's Referral/Verification Yes _____ (Initial)

Guidelines Review Form Yes _____ (Initial)

LEIN/NCIC/Criminal History Checks Yes _____ (Initial)

Religious Volunteer ID Pass # _____