

BENTON COUNTY SHERIFF'S OFFICE

Administrative Office

1301 SW 14<sup>th</sup> Street

Bentonville, Arkansas

Application for Jail Ministry

Personal Information

Last Name	First Name	Middle	Maiden
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Please print

Address: \_\_\_\_\_  
Street/Route/Box Number                      City                      State                      Zip

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

List any other names used (i.e., nicknames, last names, etc.): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse Work Phone: \_\_\_\_\_

*Please provide your Social Security Card and Drivers License*

Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to visit the inmates a minimum of 12 times per year Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Signature of applicant \_\_\_\_\_ Date

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**Authorization to Release Information**

I, \_\_\_\_\_, am an applicant for employment with the BENTON COUNTY SHERIFF'S OFFICE. In order to process my application, certain information must be made available to the Sheriff of Benton County, Arkansas. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Sheriff of Benton County or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Sheriff or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Sheriff or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. **I fully understand that I will be fingerprinted and that my fingerprints will be submitted to the FBI (Federal Bureau of Investigations) and the ASP (Arkansas State Police) for the purpose of running a criminal history check.**

Signature \_\_\_\_\_

Date

**AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand it's meaning, intention, and effect, and that the statements therein made are true and correct.

**Signature** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Notary Public

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References

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

What Church or religious organization are you affiliated with? \_\_\_\_\_

Pastor

Name: \_\_\_\_\_ Years acquainted \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

A letter of endorsement from your religious leader must be on file.

Other Requirements(Copies):

Birth Certificate or Passport

Drivers License

Social Security Card