



# Catholic Diocese of Saginaw

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*Office of Parish Life & Evangelization*

**DIOCESE OF SAGINAW  
JAIL & PRISON MINISTRY  
VOLUNTEER APPLICATION**

**Contact Information:**

First Name	Middle	Last Name	
Street Address	City	State	Zip Code
Phone	Email	Birthdate	
Occupation	Parish Affiliation		

**Previous Ministry Experience**

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**Have you received any ministry formation? If so, please explain**

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**Ministry Preference? Jail or Prison**

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**Have you ever been arrested and convicted of a crime? If so, please explain**

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**When are you available to visit the jail or prison? Daytime or Evening? Days of the week?**

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**Comments or additional information**

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**Please read and sign**

I understand and agree that submitting this application does not automatically register me as a Jail or Prison Minister in the Diocese of Saginaw, and that there may be certain qualifications I must meet, including the acceptance of policies and procedures, educational and training programs, and attendance at required meetings before I may begin ministry.  
By signing and submitting this application, I attest that the information I have provided on the form is true and accurate.

\_\_\_ **I agree**

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**Signature**

**Date**

Staff Use Only

Received by/Date \_\_\_\_\_

Approved/Declined \_\_\_\_\_