

# Scott County Detention Center

130 N. Court Street  
Georgetown, Ky. 40324  
(502) 863-7880 fax: (502) 867-3727  
Jailer Derran C. Broyles

## VOLUNTEER CONTACT FORM

DATE: \_\_\_\_\_ 20 \_\_\_\_

### RELIGIOUS ORGANISATION (CHURCH/SYNAGOGUE/MOSQUE/TEMPLE):

NAME: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

SENIOR PASTOR: \_\_\_\_\_

### INDIVIDUAL MINISTER:

NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSNA: \_\_\_\_-\_\_\_\_-\_\_\_\_  
[\*\*\*REQUIRED FOR CRIMINAL BACKGROUND CHECK VIA NCIC]

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

STATUS: \_\_\_\_ ORDAINED: \_\_\_\_ DEACON/ESS \_\_\_\_ PRIEST/ESS \_\_\_\_ MINISTER/PASTOR  
\_\_\_\_ RABI \_\_\_\_ IMAM \_\_\_\_ BISHOP  
\_\_\_\_ NON ORDAINED: \_\_\_\_ LAY MINISTER / READER / LEADER / ETC.

\_\_\_\_ OTHER: \_\_\_\_\_

TYPE OF MINISTRY: \_\_\_\_ DIVINE (RELIGIOUS) SERVICE(S) \_\_\_\_ SPIRITUAL COUNSELING  
\_\_\_\_ GROUP \_\_\_\_ INDIVIDUAL

FOR: \_\_\_\_ MALE INMATES \_\_\_\_ FEMALE INMATES \_\_\_\_ BOTH

### MINISTERIAL CERTIFICATION:

O/L (OPERATORS LICENSE) COPY ON FILE: \_\_\_\_ YES \_\_\_\_ NO

CREDENTIAL COPY ON FILE: \_\_\_\_ YES \_\_\_\_ NO

LOCAL CRIMINAL HISTORY VERIFIED: \_\_\_\_ YES \_\_\_\_ NO

BY: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_