

***Correctional Chaplaincy Training Course***  
***Forgotten Man Ministries & Michigan Sheriff's Association***

***Application Form***

**Please Print Clearly**

**Today's Date:** \_\_\_\_\_

***Information below is required to receive a security clearance***

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Phone: (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Phone: (cell)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Driver's License No.** \_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Marital Status (underline):** Single Married Divorced Separated Widowed

**Church Attending:** \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If approved, I would like to minister in the following county jail(s):**

\_\_\_\_\_  
**Were you ever arrested?** \_\_\_\_ (yes) \_\_\_\_ (no) **If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
**How did you hear about the class?** \_\_\_\_\_

**Month, Year, Location of Class:** \_\_\_\_\_

**Preferred registration should include the full amount of \$75.00 (check/mo) payable to: Forgotten Man Ministries, 3940 Fruit Ridge NW, Grand Rapids, MI 49544 (Option: Enclose \$25.00 (check/mo) with balance of \$50.00 due at first class)**