

## **Transforming Jail Ministries**

### **Contact Visiting Privileges For Ordained Clergy**

For clergy desiring to have contact visiting privileges in Hamilton County Jails:

They will fill out a basic information sheet requesting their name, address, telephone number, date of birth, and Social Security number; the name, address, and telephone number of their church, synagogue, etc.; and the name, address, and telephone number of a person in their religious organization to whom they are accountable. (i.e. Chairperson of the Deacon Bd., District Superintendent, etc.)

The Sheriff's Department will conduct a basic background check for security purposes and decide if it is acceptable for the applicant to be admitted into secure areas. Transforming Jail Ministries will review the applicant's religious affiliation and ordination status for the Sheriff's Office

If, in the opinion of the Sheriff's Department, a person is acceptable as far as security and their religious standing and affiliation he/she will be invited to attend an orientation session conducted by Transforming Jail Ministries. This orientation session will give the clergy some basic understandings about jail procedures and rules and regulations to be followed.

Once a person has been approved by the Sheriff's Department and has attended the orientation session he/she will be approved for credentials that will identify them as clergy approved for contact visits. These clergy will be permitted to visit members of their religious organization or with those inmates who specifically request to see them.

If the Sheriff's Department has questions about a person's background or religious affiliation, they may request to interview the person so as to determine whether to permit contact visiting. The Sheriff's Department and/or Transforming Jail Ministries has the right to refuse any application or revoke any previously granted clergy id badge.

**Clergy Contact Visiting identification expires every 2 years from the date of issue and may be renewed through Transforming Jail Ministries.**

Some Basic Guidelines

1. This program applies only to ordained clergy.
2. ID badges must be worn to receive contact visiting.
3. Clergy may undergo security checks/searches in order to receive contact visits.

**Return this application along with a copy of your ordination certificate or state license to solemnize marriages to:**

Transforming Jail Ministries  
PO Box 62542  
Cincinnati, Ohio 45262-0542

**Transforming Jail Ministries**

Application for contact visiting privileges in the Hamilton County Jails

YOUR NAME \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ OTHER TELEPHONE \_\_\_\_\_

NAME & DENOMINATION OF YOUR CHURCH, TEMPLE, ETC. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Provide the following information for a person in leadership within the church / congregation you are currently serving and to whom you are accountable. Do not put your own name.

NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

I, the undersigned, authorize the release of any records/information necessary to support/refute any item in my application for contact visiting. I further agree to release from all liability any person(s) and educational institution(s) supplying any of the information requested by the Sheriff of Hamilton County, Ohio or his designated representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A \_\_\_\_\_ B \_\_\_\_\_ R \_\_\_\_\_ O \_\_\_\_\_ C \_\_\_\_\_