



TENNESSEE DEPARTMENT OF CORRECTION

**TAKE ONE  
FAITH-BASED AND NON-PROFIT ORGANIZATIONS  
APPLICATION**

Date: \_\_\_\_\_

Name of faith-based or non-profit organization: \_\_\_\_\_

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

County: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Faith Leader: \_\_\_\_\_

Volunteer/Contact Person: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

Name of Inmate: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Chaplain: \_\_\_\_\_

Steering Committee Member: \_\_\_\_\_

**NOTE:** Send form by Fax: (615) 741-1055 or Mail: Director of Religious and Volunteer Services, TDOC,  
320 6<sup>th</sup> Ave. North, Nashville, TN 37243