



**CHAPLAINCY  
ENDORSEMENT APPLICATION**

**Assemblies of God U.S. Missions**

**CONFIDENTIAL  
705-051**

**INSTRUCTIONS:** Please print or type answers to all questions. If you need more space, use a separate sheet and attach it to this application. Please note that many questions are asked due to the vast numbers of areas which Chaplaincy covers. For example, the Military and the Federal Bureau of Prisons require certain levels of fitness etc.

Name \_\_\_\_\_  
Last First Middle

**CHAPLAINCY FOCUS**

Briefly explain the primary area of Chaplaincy ministry for which you are applying:

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If applicable, briefly explain a secondary area of Chaplaincy ministry for which you are applying:

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If currently involved in chaplaincy ministry, your position is:  Full-Time  Part-Time  Volunteer

Seeking Position  Not Applicable

How many hours (if applicable) do you devote to chaplaincy ministry each week? \_\_\_\_\_

**PERSONAL INFORMATION**

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Male  Female Ethnicity: \_\_\_\_\_

Home address \_\_\_\_\_  
Street or Box City State Zip

Home phone \_\_\_\_\_ Cell phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office name/address \_\_\_\_\_  
Office Name

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Street or Box

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City

State

Zip

Personal email \_\_\_\_\_ Office email \_\_\_\_\_

Preferred email \_\_\_\_\_

Languages spoken and proficiency in each: \_\_\_\_\_

Are you a United States citizen?  Yes  No (if no, enclose a copy of your authorization to legally work in the United States.)

If no, does the country of your citizenship have military agreement with the U.S.?  Yes  No

Are you physically able to perform the essential functions of the ministry position for which you are applying with or without reasonable accommodation?  Yes  No (if no, please explain) \_\_\_\_\_

Have you ever been arrested for, convicted of, or pled guilty to a misdemeanor or a crime other than a minor traffic violation?  No  Yes

Are you now under charges or investigation for any criminal offense?  No  Yes (If yes, please attach an explanation.) A criminal conviction will not necessarily disqualify you from chaplaincy endorsement.

Have you ever been investigated by any social services organization?  No  Yes (if yes, please attach an explanation.)

**The following questions in this section are for Military and Federal Bureau of Prisons applicants ONLY!**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do you have any physical disabilities?  No  Yes

If yes, please describe \_\_\_\_\_

Have you ever been hospitalized?  No  Yes if yes,  Physical  Emotional.

Nature of illness: \_\_\_\_\_

**FAMILY AND MARITAL DATA**

What is your marital status?  Single  Married, if married, date of marriage \_\_\_\_\_  
 Divorced  Widowed

Spouse name \_\_\_\_\_ Spouse date of birth \_\_\_\_\_

Spouse cell phone \_\_\_\_\_ Spouse email address \_\_\_\_\_

If you have children, list full name and date of birth (month/day/year) and gender of each:

Full name	DOB	Gender

**MINISTERIAL AND SPIRITUAL DATA**

Date of salvation: \_\_\_\_\_ Date filled with the Holy Spirit: \_\_\_\_\_

Current level of ministry credentials: \_\_\_\_\_

Date credential was conferred: \_\_\_\_\_ By which district? \_\_\_\_\_

Current district affiliation: \_\_\_\_\_

Local church affiliation: \_\_\_\_\_

Have you ever been disciplined as a minister? \_\_\_\_\_ If yes, please attach an explanation.

Have you previously applied for denominational approval or endorsement? \_\_\_\_\_

What disposition was made of your application? \_\_\_\_\_

How did you learn about Chaplaincy Ministries? \_\_\_\_\_

**EXPERIENCE**

List secular work experience and give a brief description. List most recent employer first.

Position held	Location name with City and State	Month/Year you began and ended the position	Duties of the position

List ministry experience with most recent experience first.

Position held	Location name with City and State	Month/Year you began and ended the position	Duties of the position	Hours per week

**EDUCATIONAL DATA**

College and seminary training (please use complete school names) beginning with the present and working back. Please submit a request to your official college and seminary for transcripts to be sent directly to: Chaplaincy Ministries/1445 N. Boonville Ave./Springfield, MO 65802-1894 or emailed to: Chaplaincy@ag.org

Name of College/Seminary Include City & State	Attended (From M/Y to M/Y)	Major	Total Hours	Degree Conferred

State Counseling License  No  Yes

If yes, State which issued License \_\_\_\_\_ Effective Date \_\_\_\_\_

License Number \_\_\_\_\_ Enclose a copy of your state license with this application.

How many hours of supervision were required by the state? \_\_\_\_\_

Clinical Pastoral Education  No  Yes # of units \_\_\_\_\_

Were any of these extended units? \_\_\_\_\_ Location(s) of CPE \_\_\_\_\_

Special training or experience you have received to prepare for the chaplaincy. Please submit certificates for CPE and any Emergency Services Training you have had: \_\_\_\_\_

Are you a member of a professional ministry organization?  No  Yes

If yes, please list the name(s) of the organization: \_\_\_\_\_

When do you wish to be processed for endorsement/approval?

Immediately  Alternative date \_\_\_\_\_

### MILITARY DATA

Previous or current active duty military service. Branch: \_\_\_\_\_

Highest Grade/Rank Attained: \_\_\_\_\_ From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

If separated, type of discharge received: \_\_\_\_\_

(A copy of your discharge must accompany this application.)

Previous or current Reserve/National Guard unit: \_\_\_\_\_

Name of organization

City & State

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ Grade: \_\_\_\_\_

What job(s) did you have while serving in the military? \_\_\_\_\_

Have you ever been rejected for military service?  No  Yes (if yes, please attach an explanation.)

## REFERENCES

General references (as indicated below, other than relatives). In order for us to obtain meaningful information from those who know you well enough to evaluate your ministry talents, list at least one of each applicable category below. If you completed CPE, include your most recent CPE Supervisor. Note we may also request references from other points of contact listed in this application. Please do **NOT** include relatives.

Reference Type	Email Address (REQUIRED)	Name and Mailing Address
District Official (Required)		
Minister/Pastor (Required)		
College/Seminary (If applicable)		
CPE (If applicable)		
Other		
Other		

## CHAPLAINCY APPLICANT'S STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION —READ CAREFULLY!

In consideration of the receipt and evaluation of this application by the Commission on Chaplains, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false or misleading information on this application is grounds for my immediate dismissal if I am endorsed.
- I will provide the Commission with immediate notice of any complaint of unethical conduct made against me in a civil, criminal, ecclesiastical, employment or another professional organization's forum. I will provide the Commission, or designee, in a timely fashion the information they request regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full truthful information constitutes a violation of this Code. A finding of unethical conduct in one of these forums may lead to discipline by the Commission even if the event did not occur within the scope of the member's professional role as a chaplain or a situation over which the Commission would have jurisdiction.

Should my application be accepted, I agree to be bound by the bylaws and policies of the Commission on Chaplains and to refrain from any conduct in violation of the church's teachings.

- I understand and agree that nothing contained in this application for endorsement or in any pre-endorsement interview is intended to or shall create a contract between the Commission on Chaplains and me for either employment or the providing of any benefit. I further understand that a criminal records check and a credit check may be conducted on me and I consent to any such check.
- I authorize any references, schools, current or former employers, current or former supervisors, federal, state, or local government agencies and military organizations, churches, or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I authorize any future employers, supervisors, churches, or denominational agencies, or any other person or organizations, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS AN ACT OF MY OWN FREE WILL.** A facsimile or photocopy of this authorization shall be as valid as the original.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT, AND I UNDERSTAND THAT I MAY CONSULT WITH AN ATTORNEY PRIOR TO SIGNING IT.**

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

(Unsigned applications will not be considered)