

Check area(s) of chaplaincy for which you are applying:

- Correctional
- Healthcare
 - Hospital
 - Hospice
 - Nursing Home
- Occupational
 - Corporate
 - Fire/Police
 - Motorcycle
 - Race Track
 - Rodeo
- Other _____
- Full Time
- Part Time
- Volunteer
- Missionary

APPLICATION

FOR ECCLESIASTICAL ENDORSEMENT



**INSTITUTIONAL/OCCUPATIONAL
CHAPLAINCY MINISTRIES**

**1445 N. Boonville Avenue
Springfield, MO 65802**

**417.862.2781 x3273
chaplaincy@ag.org**

www.chaplaincy.ag.org

Office Use Only:

Date Received _____

- _____ \$45 Application Fee
- _____ College Transcripts
- _____ Seminary Transcripts
- _____ Testimony
- _____ Discussion Questions
- _____ Photo
- _____ References Sent
- _____ Entered in Access
- _____ Background/Credit Check
- _____ Secretariat
- _____ Copied to Representative

Minister's Acct # _____

- Basic
- Standard
- Advanced

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, use a separate sheet and attach it to this application.

A. PERSONAL DATA

1. Name _____
 Last _____ First _____ Middle _____
2. Date of birth _____ 3. SS# _____
4. Home address _____
 Street or Box _____ City _____ State _____ ZIP _____
5. Home phone _____ 6. Cell phone _____ 7. Office phone _____
8. Office name/address _____
 Office Name _____
 Street or Box _____
 City _____ State _____ Zip _____
9. Home e-mail _____ 10. Office e-mail _____
11. Are you a United States citizen? Yes No (If no, enclose a copy of your authorization to legally work in the United States.)
12. 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 attach an explanation.)
13. Have you ever been arrested for, convicted of, or pled guilty to a misdemeanor or a crime other than a minor traffic violation? Yes No Are you now under charges or investigation for any criminal offense? Yes No (If yes, please attach an explanation. A criminal conviction will not necessarily disqualify you from chaplaincy endorsement.)
14. Have you ever been investigated by any social services organization? Yes No (If yes, please attach an explanation.)
15. If currently involved in chaplaincy ministry, your position is Full-Time Part-Time Volunteer N/A
16. How many hours (if applicable) do you devote to chaplaincy ministry each week? _____
17. If not currently involved in chaplaincy, when do you anticipate becoming involved? _____

B. FAMILY AND MARITAL DATA

1. What is your marital status? Single Married (If married, date of wedding: _____)
 Divorced Widowed
2. Spouse's name _____ 3. Spouse's date of birth _____
4. To what extent is your spouse supportive of your ministry? Very Supportive Supportive
 Not Supportive (Please comment.) _____
5. To what extent is your spouse an active part of your ministry? Very Active Active
 Not Active (Please comment.) _____
6. If you have children, list name and date of birth (month/day/year) of each: _____

C. MINISTERIAL AND SPIRITUAL DATA

1. Date of salvation _____ 2. Date filled with the Holy Spirit _____
3. When were you certified? _____ By what district? _____
4. When were you licensed? _____ By what district? _____
5. When were you ordained? _____ By what district? _____
6. Present district affiliation: _____
7. Local church affiliation: _____
8. Have you ever been disciplined as a minister for moral failure? _____
9. Have you previously applied for approval or endorsement for chaplaincy? _____
10. How did you hear about us? _____

D. EXPERIENCE

1. List **post** high school leadership and occupational positions and give a brief description (Examples: offices held while in college, military, work place, etc.) List **most recent employer first**. Use additional paper if needed. If typing on this document, the boxes will expand and more can be added.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position

2. List **pastoral experience as credentialed clergy**. List **most recent experience first**. Use additional paper if needed. If typing on this document, the boxes will expand and more can be added.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position	Hours per week

E. MILITARY DATA

1. Previous active duty military service. Branch: _____
 Highest Grade/Rank Attained: _____ From Date: _____ To Date: _____
2. If separated, type of discharge received: _____
 (A copy of your discharge must accompany this application.)
3. Previous or current Reserve/National Guard unit: _____

Name of organization

City & State

 From Date: _____ To Date: _____ Grade: _____
4. What job(s) did you have while serving in the military? _____

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

F. EDUCATIONAL DATA

1. College and seminary training (*use complete school names*) beginning with the present and working back. Please submit a request to your college and seminary for official transcripts to be sent directly to: Chaplaincy Ministries, 1445 N. Boonville Avenue, Springfield, MO 65802.

Names of Colleges/Seminaries	City & State	Attended (Mo/Yr to Mo/Yr)	Major	Total Hours	Degrees Conferred
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2. Clinical Pastoral Education? No Yes # of units _____ (*Please submit copies of CPE certificates.*)

Location(s) of CPE _____

3. Have you received crisis training such as Critical Incident Stress Management (CISM)? No Yes

Identify the courses you have taken: _____

4. Have you received training in Post Traumatic Stress Disorders (PTSD)? No Yes

If yes, what level of training did you receive? _____

5. Other special training or experience you have received to prepare for the chaplaincy: _____

6. Are you a member of a professional organization? No Yes

If yes, list the name of the organization(s). _____

7. If eligible for Standard or Advanced endorsement, what is the earliest date you wish to appear before the Commission on Chaplains? (The COC meets in May and November.)

May _____ November _____
Year Year

G. 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 for 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. **Provide e-mail addresses if known.**

Name

E-mail Address **OR** Mailing Address

District Official: _____

Minister/Pastor: _____

College: _____

Seminary: _____

Other: _____

Other: _____

Other: _____

CPE: _____

H. DISCUSSION

1. Prepare a personal testimony and attach it with this application. Include a discussion on your calling to chaplaincy ministry, steps you have taken to answer that call, and what you have done to acquaint yourself with the chaplaincy ministry of your choice.
2. List the spiritual practices you use to maintain your faith and fuel your spiritual passion.
3. Explain how you have balanced the concerns of those to whom you minister and your own needs.

APPLICANT'S STATEMENT--READ CAREFULLY!

Please enclose the \$45 application fee and a recent, **professional quality 4x6 or 5x7 photograph**. Digital photographs are also accepted.

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 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.)

Key point. If this application is returned by mail, please address it to **Attn: Institutional and Occupational Chaplaincy Ministries** and mark the envelope *Personal and Confidential*.

Be sure to include the following in your packet:

- ✓ \$45.00 Application Fee
- ✓ A Current Professional Quality Photograph (4x6 or 5x7)
- ✓ Testimony and Discussion Questions
- ✓ Don't forget to have official transcripts sent to Chaplaincy Ministries, 1445 N. Boonville Ave., Springfield, MO 65802.

AUTHORIZATION FOR RELEASE OF INFORMATION

- 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.

Date: _____

Signature: _____

(Unsigned applications will not be considered.)