

Check your preferred branch of service:

Air Force

Army

Navy

Veterans Affairs

Civil Air Patrol

State Militia

You are currently applying for:

Chaplain Candidate

Active Duty

Reserves

National Guard

**APPLICATION**  
**FOR ECCLESIASTICAL ENDORSEMENT**



**MILITARY/VETERANS AFFAIRS**  
**CHAPLAINCY MINISTRIES**

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

**417/862-2781 x3281**  
**chaplaincy@ag.org**

**chaplaincy.ag.org**

Office Use Only:  
 Date Received \_\_\_\_\_

\_\_\_\_\_ \$45 Application Fee

\_\_\_\_\_ College Transcripts

\_\_\_\_\_ Seminary Transcripts

\_\_\_\_\_ Discussion Questions

\_\_\_\_\_ Testimony

\_\_\_\_\_ Theology of Ministry Statement

\_\_\_\_\_ Photo

\_\_\_\_\_ Background Check

\_\_\_\_\_ References Sent

\_\_\_\_\_ Entered in Access

\_\_\_\_\_ Secretariat

Minister's Acct# \_\_\_\_\_

**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. SSN \_\_\_\_\_
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 email \_\_\_\_\_ 10. Office email \_\_\_\_\_
11. Are you a United States citizen?  Yes  No (if no, enclose a copy of your authorization to legally work in the United States.) Does the country of your citizenship have military agreement with the U.S.?  Yes  No
12. Height \_\_\_\_\_ 13. Weight \_\_\_\_\_ 14. Have you any physical disabilities?  No  Yes  
 If yes, please describe \_\_\_\_\_
15. Have you ever been hospitalized?  No  Yes if yes,  Physical  Emotional. Nature of illness:  
 \_\_\_\_\_  
 \_\_\_\_\_
16. 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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. 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.

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

**B. FAMILY AND MARITAL DATA**

1. What is your marital status?  Single  Married, if married, date of marriage \_\_\_\_\_  
 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. Date and district of licensing: \_\_\_\_\_
4. Date and district of ordination: \_\_\_\_\_
5. Present district affiliation: \_\_\_\_\_
6. Local church affiliation: \_\_\_\_\_
7. Have you ever been disciplined as a minister for moral failure? \_\_\_\_\_
8. Have you previously applied for denominational approval or endorsement? \_\_\_\_\_
9. What disposition was made of your application? \_\_\_\_\_
10. How did you hear about us? \_\_\_\_\_

**D. EXPERIENCE**

1. List post High School work experience and give a brief description. List most recent employer first. Use additional paper if needed.

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

2. List ministry experience with most recent experience first. Use additional paper if needed.

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

**E. EDUCATIONAL DATA**

1. 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: Military/VA Chaplaincy Ministries, 1445 N. Boonville Ave., Springfield, MO 65802-1894

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 \_\_\_\_\_

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

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

If yes, what level of training did you receive? \_\_\_\_\_

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

If yes, what level of training did you receive? \_\_\_\_\_

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

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6. If applying for the Chaplain Candidate program or for the Civil Air Patrol/State Militia when do you wish to be processed?  
 Immediately? Alternative date? \_\_\_\_\_
7. If applying for Active Duty, Veterans Affairs, Reserves or National Guard, 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

**F. 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.)

**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 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.

Name	Email 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: Military/VA 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 Military/VA Chaplaincy, 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)