

For Office Use Only

Date Received _____

_____ College Transcripts

_____ Seminary Transcripts

_____ Essays

_____ Personal Testimony

_____ 2 Recent Photographs

_____ Statements & Authorization

_____ Copy of Ordination

_____ References

_____ Application Fee

Application

For Ecclesiastical Endorsement, Approval, or Certification

**For Appointment as Chaplain, Chaplain Candidate,
Certified Ordained Minister, or Certified Layminister**

of



INSTRUCTIONS: Please print or type answers to all questions. If you need more space, please feel free to attach separate sheets.

Which endorsement credential(s) are you are applying for? Please check all that apply.	
<input type="checkbox"/> Army	<input type="checkbox"/> Veterans Affairs
<input type="checkbox"/> Navy	<input type="checkbox"/> Civilian Healthcare
<input type="checkbox"/> Air Force	<input type="checkbox"/> Correctional
<input type="checkbox"/> Military Active Duty	<input type="checkbox"/> Workplace
<input type="checkbox"/> Military Guard	<input type="checkbox"/> Public School
<input type="checkbox"/> Military Reserve	<input type="checkbox"/> Professional Pastoral Counselor
<input type="checkbox"/> Military Seminarian	<input type="checkbox"/> Certified Volunteer
<input type="checkbox"/> Civil Air Patrol	<input type="checkbox"/> Other _____

A. PERSONAL DATA

1. Last Name _____ First Name _____ Middle Name _____

2. Date of Birth _____ Soc. Sec. No. _____

3. Home Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail Address _____

4. Office Address _____ City _____ State _____ Zip _____
Telephone _____ E-mail Address _____

5. Are you an American citizen? **Y** **N**
(a) By Birth (b) By naturalization: Give Date _____

***Items 6 - 9 For Military Applicants Only - all others skip to #10**

6. Height _____ 7. Weight _____

8. Have you any physical defects? **Y** **N**
If so, describe: _____

9. Do you have any disabilities? **Y** **N**

If so, briefly describe: _____

10. Have you ever been hospitalized for mental health concerns? **Y** **N**

If so, please state the nature of illness(es): _____

11. Have you ever been charged with or convicted of a criminal offense? **Y** **N**

When? _____ Where? _____
Charges: _____

12. Have you ever committed a serious criminal act for which you were not charged? **Y** **N**

When? _____ What was it? _____

13. Have you ever filed bankruptcy or had any serious financial problems? **Y** **N**

If so, what date? _____

14. What are your hobbies? _____

15. Describe athletic ability _____

B. FAMILY AND MARITAL DATA

1. What is your marital status?(circle one) Married Single Engaged Separated Divorced

If married, date of marriage _____

2. Spouse's name: _____

3. Are you and your spouse living together? **Y** **N**

4. Do you have a former living companion? **Y N**

If yes, please explain your history. **Note:** A divorce is not an automatic disqualifier.

5. To what extent does your spouse share/support your interest in pastoral caregiving?

6. If you have children, list name and date of birth of each.

7. List permanent emergency address and telephone number:
(someone other than you or your spouse, who will always know your whereabouts)

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

C. MINISTERIAL AND SPIRITUAL DATA

1. Date of Salvation: _____

2. Date filled with the Holy Spirit: _____

3. When were you licensed? _____ By whom? _____

4. When were you ordained? _____ By whom? _____

5. Local church affiliation _____

6. Have you previously applied for approval or endorsement? **Y N**

With whom? _____ What disposition was made of this previous application _____

7. Ministerial experience, beginning with the present and working back:

Church or Employer	Address	Position Held	Dates Served

D. EDUCATIONAL DATA

1. College and Seminary training (please do not use initials for school names)

Name of College/Seminary	Address	Dates Attended	Major	Total Hours	Degrees Conferred

2. Please send copies of all college and seminary transcripts (as applicable) to the CSC.

3. Have you had any clinical pastoral education/training? **Y** **N**

If so, how many units? _____

Where did you receive this clinical pastoral training? _____

4. Other training, certifications, and memberships you have to prepare for chaplaincy:

E. SECULAR OCCUPATIONAL DATA

1. Occupational experience (list most recent employers):

Employer	Address	Position	Dates Served

F. MILITARY DATA

[Only For Applicants With Prior Service]

1. Previous Active Duty military service:

Branch of Service _____ From _____ to _____ Grade _____

2. Previous Reserve/Guard military service:

Branch of Service _____ From _____ to _____ Grade _____

3. If discharged, type of discharge you received: _____

Note: (A copy of your discharge [DD Form 214] must accompany this application)

4. If currently serving, what is the name of your unit? _____

Unit Address: _____

5. Have you ever been rejected for military service? **Y N**

If so, give details: _____

6. I hereby grant permission to the CSC to review my military record when it sees a need to do so: **Y N**

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 in each category below: (List your church membership, if other than with your present pastor).

	Name	Telephone #	Mailing Address
Present Pastor			
Other Minister			
College			
Seminary			
Other			
Other			

H. DISCUSSION

1. Please discuss the following topics on additional paper:
 - a. Why do you desire to serve as a chaplain? Please explain your "call."
 - b. How have you prepared, are you preparing, yourself for the chaplaincy?
 - c. List, in order of priority, the major functions of a chaplain.
 - d. Discuss controversial areas confronting the chaplaincy.
 - e. What do you do most effectively as a minister?
 - f. What do you do least effectively as a minister?
 - g. Your concept of financial stewardship.
 - h. Your understanding of pastoral care in a pluralistic setting.
That is, how will you practice pluralism in your chaplaincy ministry?
2. Prepare a testimony of yourself (at least 200 words) and attach it to this application.

STATEMENT OF UNDERSTANDING AND COMMITMENT

(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

1. I understand that I must meet all the requirements for chaplains of the particular military service or civilian institution or chaplaincy membership organization to which I apply. All USA education must be appropriately accredited (generally meaning by regional secular agencies, ATS, or TRACCS). Foreign educational institutions will be evaluated on a case-by-case basis.
2. I understand and authorize that, because of the security requirements of the U.S. Armed Forces (military), and other institutions and organizations (civilian), I may be investigated for criminal and character background information.
3. I understand that, if commissioned or appointed as a chaplain, I will be working with chaplains of other denominations and faith groups, sometimes differing widely with my own views, beliefs, practices, and sexual orientation. While I will not be asked to compromise my own conscience and beliefs, it is essential, by the very nature of chaplaincy, that I consider their ordination and ministry as valid as my own in the U. S. military and/or civilian institutions. I understand that an attitude of superiority or adversarial acts and non-cooperation towards pastoral caregivers and adherents of other faiths, practices, race, gender, or sexual orientation will not be tolerated and is grounds for the immediate withdrawal of my endorsement credential. I have read and I agree to abide by the CSC's Statements of "Faith," "Authorization," and "Record." Further, I realize that I must be willing to hold "General Protestant" worship services as well as those services specifically exercising all my own particular beliefs and practices.
4. I understand that it is a requirement of the Pentagon's Armed Forces Chaplains Board as well as civilian institutions and organizations that the CSC have the authority to issue and withdraw endorsement credentials.
5. I understand that endorsement is a continuing requirement. Should I prove to be personally or professionally, or by other reason(s) unsuited for the chaplaincy and should CSC decide that my endorsement should be withdrawn, I agree to abide by its decision. Additionally, I understand that continuing education and professional development are essential for maintaining high quality pastoral caregiving. [Chaplains only: As such, I agree to promptly seek membership (if I do not already hold it) in an appropriate pastoral caregivers' professional organization. I further understand that the continuation of my endorsement is contingent upon my maintaining membership in an appropriate pastoral caregivers' organization.]
6. I understand that I am expected to be a "Spirit-filled" (i.e., Pentecostal, Renewal, or Charismatic and/or open to being used by and led by the Holy Spirit) minister. This means that I am expected to be able to freely and without reservation confess that "Jesus Christ is Lord, Savior, and Baptizer in the Holy Spirit today. Both natural and supernatural Spiritual gifts are available to believers who believe in them and sincerely seek them." Additionally, I am expected to exercise my Spiritual giftings in regard to prayer, anointing with oil, etc., when invited to do so.
7. **I understand that CSC is dependent on the financial support of chaplains, churches, and friends. I agree to regularly help with the expenses of this ministry. (Generally, it is expected that professional chaplains will pray about and contribute a significant percentage of the tithe that they give from their chaplaincy income – to support this ministry and, thus, safeguard the future of their ability to be responsibly endorsed.)**

Signature: _____ Date: _____

Permanent Address _____ City _____ State _____ Zip _____

Telephone _____

Statement of Record

THIS FORM MUST BE COMPLETED BY ALL WHO APPLY FOR OR HOLD ECCLESIASTICAL
ENDORSEMENT CREDENTIALS FROM



(PLEASE TYPE OR PRINT LEGIBLY)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Have you ever been charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual misconduct or sexual harassment? (*Initial your response*) _____ **Y**** _____ **N**

** If your response is "yes," please give a full explanation of the issues on the back of this form or in a letter addressed to this office. Information so shared will be considered sensitive and will be restricted to only those who must know in order to make decisions regarding ecclesiastical coverage through The Coalition of Spirit-filled Churches.

No application for ecclesiastical endorsement, recognition, or re-endorsement will be processed without this signed and dated document.

By my signature, I certify that the above and attached (if applicable) is true and accurate. I understand that falsification of this data in any manner will bring immediate revocation of my endorsement/recognition and/or cessation of the endorsement process. I further understand that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual, criminal, or ethical misconduct, that **I will immediately (within 72 hours) contact The Coalition of Spirit-filled Churches' office to report the same.** I understand that failure to do so may bring immediate revocation of my endorsement/recognition.

Signed: _____ Date: _____

(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

(Revised 2/11)

Statement of Authorization

THIS FORM MUST BE COMPLETED BY ALL WHO APPLY FOR OR HOLD ECCLESIASTICAL
ENDORSEMENT OR RECOGNITION FROM



PLEASE TYPE OR PRINT LEGIBLY)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Social Security # _____ Date of Birth _____

IMPORTANT: Please list on the reverse side of this page all the addresses (including street, city, state, and zip) and time-frames where you have resided for any period greater than thirty days for the past fifteen years. You may use additional sheets if necessary.

* * * * *

No application for ecclesiastical endorsement, recognition, or re-endorsement will be processed without this completed, signed, and dated document.

By my signature, I authorize The Coalition of Spirit-filled Churches and their designated investigating agency to conduct a criminal background check on me. I understand that any negative report may result in the cessation of the endorsement process. I further understand and agree that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of alleged criminal and/or sexual and/or ethical misconduct that **this document authorizes my employer or volunteer chaplaincy organization to release this information to The Coalition of Spirit-filled Churches.**

(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

Signed: _____ Date: _____

I have enclosed a \$100 check to help defray the costs of my criminal background investigation. **Y N**

I have made a \$100 payment via PayPal to help defray the costs of my criminal background investigation. **Y N**

(Revised 2/11)