



# US-NYS CHAPLAIN RESPONSE TEAM

Faith in Action, One Mission: Spiritual Care



## Chaplaincy Application

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

Religion: \_\_\_\_\_

Clergy:  Yes  No

If Yes, Religious Title: \_\_\_\_\_



Please provide a recent  
passport-size photo (2" x 2")  
for your chaplain candidate  
application.

MEMBERSHIP FEE: \$775.00

Name: \_\_\_\_\_  
Last First MI

Tel: \_\_\_\_\_ Email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_  
(DD/DD/YYYY)

Do you have a Drivers License?  Yes  No If Yes, License number: \_\_\_\_\_

Do you have an Automobile?  Yes  No If Yes, License number: \_\_\_\_\_

American Citizen  Legal Resident  TPS USCIS # \_\_\_\_\_

State Issued ID # \_\_\_\_\_ Resident card # \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widow

Name of Spouse: \_\_\_\_\_

Children: Name: age: Name: age:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, Please contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Which ministry would you like to participate in? Hospital Prison Others: \_\_\_\_\_

**\*A DEPOSIT OF \$175.00 (NON-REFUNDABLE) MUST ACCOMPANY THE APPLICATION AT THE TIME OF DELIVERY.**



# US-NYS CHAPLAIN RESPONSE TEAM

Faith in Action, One Mission: Spiritual Care



In a brief paragraph, Please describe what you expect from our organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a Felony?  Yes  No

Please explain: \_\_\_\_\_

**Your finger prints will be taken for membership eligibility**

Educational Information:

Highest level of education: ( ) Middle School ( ) High School ( ) College

If College, what degree or length of time did you complete? \_\_\_\_\_

Have you attended Bible Institute? ( ) Yes ( ) No Name of Institute: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Years Completed? \_\_\_\_\_ Additional Theological education? \_\_\_\_\_

Employer Information:

Name of Employer \_\_\_\_\_ Tel: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Length of time: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Church Information:

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

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

Name of Pastor: \_\_\_\_\_ Tel: \_\_\_\_\_

How many years have you been a member in your church? \_\_\_\_\_



# US-NYS CHAPLAIN RESPONSE TEAM

Faith in Action, One Mission: Spiritual Care



Have you accepted Jesus Christ as your personal Savior?     Yes     No    Date \_\_\_\_\_

Have you been baptized?     Yes     No    Date \_\_\_\_\_

Have your been baptized with the Holy Spirit?     Yes     No    Date \_\_\_\_\_

What Ministries are you currently involved in? \_\_\_\_\_  
 \_\_\_\_\_

I affirm that all information in this application is correct with the understanding that any false information in on this application will result in its rejection or the immediate dismissal of the person.

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

Name: \_\_\_\_\_  
Print

**To be completed by your Pastor:**

Is he/she a good candidate of testimony?     Yes     No

If not please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many years has the candidate been a member of your Church?  
 \_\_\_\_\_

Ministries in which this candidate is involved in:  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this candidate responsible and faithful to his/her church?     Yes     No

If the status of this candidate changes, would you inform us?     Yes     No

Pastors' comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pastors' Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**US-NYS**  
**CHAPLAIN RESPONSE TEAM**  
 Faith in Action, One Mission: Spiritual Care



**References:** (Please submit 3 references. Family member reference not accepted).

1. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

How many years known the applicant? \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

How many years known the applicant? \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

How many years known the applicant? \_\_\_\_\_ Relationship: \_\_\_\_\_

**Official use:**

**Personal investigation:**      ( ) Accepted      ( ) Rejected

**Comments:** \_\_\_\_\_

**Verification of references**      ( )

**Verification of Pastor**      ( )

**Applicant**      ( ) Accepted      ( ) Rejected

**If Rejected. Reason:** \_\_\_\_\_

**If accepted, shield number:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Final Approval:** \_\_\_\_\_

**Rev. Doroteo A Guevara, Bishop**  
 Special Assistant to President

**Rev. CarlosA Panameno**  
 President