



**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 one recent passport-size photo (2" x 2") for your chaplain candidate application.**

**MEMBERSHIP FEE: \$600.00**

**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 ( ) Jails & Prison ( ) Hospice ( ) Homeless Shelters  
( ) Fire Departments ( ) Police Departments ( ) Nursing Homes ( ) Others: \_\_\_\_\_

**\*A DEPOSIT OF \$200.00 (NON-REFUNDABLE) MUST ACCOMPANY THE APPLICATION AT THE TIME OF DELIVERY.**



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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 ( ) GED ( ) Some College ( ) College ( ) Graduate

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? \_\_\_\_\_

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

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

Have you 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: \_\_\_\_\_



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**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