



**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? _____



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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: _____



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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