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
DEPOSIT OF $200.00 WITH APPLICATION (NON-REFUNDABLE)

Name: _____
Last First MI

Tel:_____ **Email address:**_____

Address: _____

City: _____ State: _____ Zip code: _____

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

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.
Religious Non-Degree Status. US-NYSCRT provides religious, non-credit, non-degree chaplaincy training. ACPE Disclosure. US-NYSCRT is not an ACPE-accredited center and does not award ACPE units. ACPE units are earned only at ACPE-accredited centers through our referral/ placement agreements. Pathway. This program serves as pre-CPE preparation and foundational ministry training.

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 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:

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

Final Approval:

_____
Rev. CarlosA Panameno
President

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