



## VOLUNTEER CHAPLAINCY APPLICATION

<b>NAME:</b> _____	<b>BIRTHDAY</b> (month/day only) _____
<b>HOME MAILING ADDRESS:</b> _____ _____	
<b>HOME PHONE:</b> _____	<b>EMAIL:</b> _____
<b>CELL:</b> _____	

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**DENOMINATION AFFILIATION:** \_\_\_\_\_

**CURRENT PASTORAL POSITION:** \_\_\_\_\_

**HOW LONG:** \_\_\_\_\_

**CHURCH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

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**PLEASE SUBMIT A COPY OF ORDINATION CERTIFICATE OR A LETTER OF ENDORSEMENT TO VERIFY ORDINATION FROM YOUR CHURCH / DENOMINATION WITH THIS APPLICATION. PLEASE PROVIDE A LETTER OF RECOMMENDATION ON BUSINESS LETTERHEAD THAT IS DIFFERENT THAN APPLICATION REFERENCES.**

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**EDUCATIONAL RESUME: LIST DEGREES RECEIVED**

**YEAR**

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**OTHER CREDENTIALS, ACHIEVEMENTS, LICENSE:**

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