

CHAPLAINCY APPLICATION THE CTC NETWORK USA

Please Send Application to:

Jonathan@Hopeplaza.org

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, use a separate sheet and attach it to this application. Please note that many questions are asked due to the vast numbers of areas which Chaplaincy covers. For example, the Military and the Federal Bureau of Prisons require certain levels of fitness etc.

Name _____
Last First Middle

CHAPLAINCY FOCUS

Briefly explain the primary area of Chaplaincy ministry for which you are applying:

If applicable, briefly explain a secondary area of Chaplaincy ministry for which you are applying:

If currently involved in chaplaincy ministry, your position is: Full-Time Part-Time Volunteer

Seeking Position Not Applicable

How many hours (if applicable) do you devote to chaplaincy ministry each week? _____

PERSONAL INFORMATION

Date of birth _____ SSN _____

Male Female Ethnicity: _____

Home address _____
Street or Box City State Zip

Home phone _____ Cell phone: _____ Office phone: _____

Office name/address _____
Office Name

Street or Box

City State Zip

Personal email _____ Office email _____

Preferred email _____

Languages spoken and proficiency in each: _____

Are you a United States citizen? Yes No (if no, enclose a copy of your authorization to legally work in the United States.)

If no, does the country of your citizenship have military agreement with the U.S.? Yes No

Are you physically able to perform the essential functions of the ministry position for which you are applying with or without reasonable accommodation? Yes No (if no, please explain) _____

Have you ever been arrested for, convicted of, or pled guilty to a misdemeanor or a crime other than a minor traffic violation? No Yes

Are you now under charges or investigation for any criminal offense? No Yes (If yes, please attach an explanation.) A criminal conviction will not necessarily disqualify you from chaplaincy endorsement.

Have you ever been investigated by any social services organization? No Yes (if yes, please attach an explanation.)

The following questions in this section are for Military and Federal Bureau of Prisons applicants ONLY!

Height _____ Weight _____ Do you have any physical disabilities? No Yes

If yes, please describe _____

Have you ever been hospitalized? No Yes if yes, Physical Emotional.

Nature of illness: _____

FAMILY AND MARITAL DATA

What is your marital status? Single Married, if married, date of marriage _____
 Divorced Widowed

Spouse name _____ Spouse date of birth _____

Spouse cell phone _____ Spouse email address _____

If you have children, list full name and date of birth (month/day/year) and gender of each:

Full name	DOB	Gender

MINISTERIAL AND SPIRITUAL DATA

Date of salvation: _____ Date filled with the Holy Spirit: _____

Current level of ministry credentials: _____

Date credential was conferred: _____ By which group? _____

Current group affiliation: _____

Local church affiliation: _____

Have you ever been disciplined as a minister? _____ If yes, please attach an explanation.

Have you previously applied for denominational approval or endorsement? _____

What disposition was made of your application? _____

How did you learn aboutThe CTC Network? _____

EXPERIENCE

List secular work experience and give a brief description. List most recent employer first.

Position held	Location name with City and State	Month/Year you began and ended the position	Duties of the position

List ministry experience with most recent experience first.

Position held	Location name with City and State	Month/Year you began and ended the position	Duties of the position	Hours per week

EDUCATIONAL DATA

Name of College/Seminary Include City & State	Attended (From M/Y to M/Y)	Major	Total Hours	Degree Conferred

State Counseling License No Yes

If yes, State which issued License _____ Effective Date _____

License Number _____ Enclose a copy of your state license with this application.

How many hours of supervision were required by the state? _____

Clinical Pastoral Education No Yes # of units _____

Were any of these extended units? _____ Location(s) of CPE _____

Special training or experience you have received to prepare for the chaplaincy. Please submit certificates for CPE and any Emergency Services Training you have had: _____

Are you a member of a professional ministry organization? No Yes

If yes, please list the name(s) of the organization: _____

When do you wish to be processed for endorsement/approval?

Immediately Alternative date _____

MILITARY DATA

Previous or current active duty military service. Branch: _____

Highest Grade/Rank Attained: _____ From Date: _____ To Date: _____

If separated, type of discharge received: _____

(A copy of your discharge must accompany this application.)

Previous or current Reserve/National Guard unit: _____

Name of organization

City & State

From Date: _____ To Date: _____ Grade: _____

What job(s) did you have while serving in the military? _____

Have you ever been rejected for military service? No Yes (if yes, please attach an explanation.)

REFERENCES

General references (as indicated below, other than relatives). In order for us to obtain meaningful information from those who know you well enough to evaluate your ministry talents, list at least one of each applicable category below. If you completed CPE, include your most recent CPE Supervisor. Note we may also request references from other points of contact listed in this application. Please do **NOT** include relatives.

Reference Type	Email Address (REQUIRED)	Name and Mailing Address
Ministry Official (Required)		
Minister/Pastor (Required)		
College/Seminary (If applicable)		
CPE (If applicable)		
Other		
Other		

CHAPLAINCY APPLICANT'S STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION —READ CAREFULLY!

In consideration of the receipt and evaluation of this application, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false or misleading information on this application is grounds for my immediate dismissal if I am endorsed.
- I will provide the CTC Network with immediate notice of any complaint of unethical conduct made against me in a civil, criminal, ecclesiastical, employment or another professional organization's forum. I will provide the CTC Network, or designee, in a timely fashion the information they request regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full truthful information constitutes a violation of this Code.

Should my application be accepted, I agree to be bound by the bylaws and policies of the CTC Network on Chaplains and to refrain from any conduct in violation of the church's teachings.

- I understand and agree that nothing contained in this application for endorsement or in any pre-endorsement interview is intended to or shall create a contract between the CTC Network and me for either employment or the providing of any benefit. I further understand that a criminal records check and a credit check may be conducted on me and I consent to any such check.
- I authorize any references, schools, current or former employers, current or former supervisors, federal, state, or local government agencies and military organizations, churches, or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I authorize any future employers, supervisors, churches, or denominational agencies, or any other person or organizations, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS AN ACT OF MY OWN FREE WILL.** A facsimile or photocopy of this authorization shall be as valid as the original.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT, AND I UNDERSTAND THAT I MAY CONSULT WITH AN ATTORNEY PRIOR TO SIGNING IT.

Date: _____ Signature: _____
(Unsigned applications will not be considered)