



CHAPLAIN APPLICATION FORM

PRE-INTERVIEW INFORMATION

Name:	Date of Birth:	Age:	Gender:
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Street Address:	City:	Province:
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Country:	Country of Birth:
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Home Phone:	Mobile:
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Email Address:

<p>Marital Status:</p> <ul style="list-style-type: none"><input type="checkbox"/> Single<input type="checkbox"/> Married<input type="checkbox"/> Widow<input type="checkbox"/> Divorced<input type="checkbox"/> Other, please explain	<p>Citizenship:</p> <ul style="list-style-type: none"><input type="checkbox"/> Canadian<input type="checkbox"/> American<input type="checkbox"/> Permanent Resident<input type="checkbox"/> Other, please explain
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Spouse's Full Name (if applicable):
Do they support your Chaplain Application?
<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No



CHAPLAIN APPLICATION FORM

Have you ever been convicted of a crime? If yes, please explain.

Are you willing and able to apply for and submit a comprehensive Police Record as part of the application process?

- Yes
- No

MINISTRY GIFTINGS

According to the Seven Mountain Mandate, which specific area(s) do you believe God has equipped you to serve in as a Chaplain?

- Education
- Religion
- Family
- Business
- Government/Military
- Arts/Entertainment
- Media

INDIVIDUAL PROFILE

Strengths:

Opportunities for Growth:



CHAPLAIN APPLICATION FORM

Share with us the passion and purpose behind you applying to become a Chaplain and describe any previous Chaplaincy experience:

EMPLOYMENT INFORMATION

Occupation:	Telephone Number:
Company Name:	How many years?
Supervisor's Name:	Telephone Number:
Previous Occupation:	How many years?

CHURCH INFORMATION

Current Church:	How many years?
Name of Senior Pastor:	Email Address:
Church Address:	Phone Number:

In which Ministries do you currently serve?



CHAPLAIN APPLICATION FORM

DECLARATION AND OATH

I affirm before God and the Officers of the Global Chaplaincy Center, that the information provided in this application form is true and accurate to the best of my knowledge. I accept and understand that in the case that any of this information supplied turns out to be false or misleading, that it will constitute a reason for denial and/or termination of both my ministry and affiliation with the Global Chaplaincy Center.

I also accept and acknowledge that the credentials and identification badge provided to me by my acceptance into the Global Chaplaincy Center are mine only as long as I am in good standing and meet the year to year qualifications to remain in good standing.

Signature:

Date:

Please Print Name:



CHAPLAIN APPLICATION FORM

PASTORAL RECOMMENDATION

How many years have you known the candidate?

What Ministries does the candidate currently serve in within your church?

How would you describe the candidates reputation and character?

Is the candidate loyal to your church and to the ministries in which they serve?

Have you ever had any disciplinary concerns with the candidate? If yes, please explain.

Additional Comments:

Pastor's Signature:

Phone Number:

Pastor's Printed Name:



CHAPLAIN APPLICATION FORM

PLEASE PROVIDE 2 REFERENCES (NON-FAMILY MEMBERS)

Full Name:	Mobile:
Email Address:	Home Address:
How long have you known the applicant?	What is the nature of your relationship?

Full Name:	Mobile:
Email Address:	Home Address:
How long have you known the applicant?	What is the nature of your relationship?

TO BE COMPLETED BY THE CANDIDATE

Signature of Candidate, to confirm permission to contact references provided.



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OFFICIAL USE ONLY

- Is the Pre-Interview Application completed in full?
 - Yes
 - No
- Have we called and followed up with the following references:
 - Pastor
 - First Reference
 - Second Reference
- Have we completed an in-person interview?
 - Yes
 - No
- Are we accepting the Applicant into GCC Ministry?
 - Yes
 - No

If accepted, please list the reasons why:

If rejected, please list the reasons why:



CHAPLAIN APPLICATION FORM

If accepted, assigned BADGE NUMBER is:

Additional Comments:

Signature of Official in charge of application:

Signature of President:

Name of Official:

Dr. Dudley Mayers

Date:

Date: