

APPLICATION

FOR ECCLESIASTICAL ENDORSEMENT/APPROVAL
FOR APPOINTMENT AS CHAPLAIN, SEMINARIAN

**CHAPLAINCY OF
FULL GOSPEL CHURCHES**

150 E Hwy 67, Suite 150
DUNCANVILLE, TEXAS 75137
(214) 331-4373 / Fax (972)-296-2251 / E-MAIL: cfgc@cfaith.com

For Office Use Only:

Date Received _____

Check chaplaincy positions for
which you are applying:

- Army Navy Air Force
- Army National Guard Air National Guard
- Army Reserves Navy Reserves Air Force Reserves
- Army Seminarian Navy Seminarian Air Force Seminarian
- Army Chaplain Candidate Navy Chaplain Candidate
- Air Force Chaplain Candidate Civil Air Patrol
- Veterans Affairs Hosp. Correctional
- Civilian Healthcare Work Place
- Professional Counselor Public School
- Certified/Lay Minister Other _____

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, please feel free to attach separate sheets and indicate accordingly.

A. PERSONAL DATA

1. Name _____ 2. Date of Birth _____ Soc. Sec. No. _____
Last First Middle
3. Home Address _____
Street or Box City State Zip Telephone
() _____
4. Office Address _____
Cell Phone Email Address Alternate Email Address
Street or Box City State Zip Telephone
() _____
5. Are you an American citizen? _____ (a) By Birth? _____ (b) By naturalization? _____ Give Date: _____
6. Height _____ 7. Weight _____ 8. Have you any physical defects? _____ if so, describe: _____

9. Any major illness? _____ Describe _____
10. Have you ever been hospitalized? _____ Reason: (a) Physical _____ (b) Emotional _____
State nature of illness: _____
11. Have you ever been charged with or convicted of a criminal offense? _____ When? _____ Where? _____
Charges: _____
12. Have you ever filed bankruptcy or had any serious financial problems? _____ If so, what date? _____
13. What are your hobbies? _____
14. Describe musical ability _____
15. Describe athletic ability _____

B. DOMESTIC, FAMILY, AND/OR MARITAL DATA (Please answer each question; use "N/A" for all that do not apply)

1. What is your marital status? _____ If married, date of marriage _____
2. If married, spouse's name _____ 3. If married, are you and your spouse living together? _____
4. Do you have a former living companion? _____ If married, does your spouse? _____ Explain: _____
5. To what extent does your spouse share your interest in the chaplaincy? _____
6. If you have children, list name and date of birth of each _____

7. List permanent emergency name, address and telephone number.

(Someone other than yourself, who will always know your whereabouts)

C. MINISTERIAL AND SPIRITUAL DATA

- 1. Date of Salvation: _____ 2. Date filled with the Holy Spirit: _____
- 3. When were you licensed? _____ By whom? _____ Tel. No. _____
- 4. When were you ordained? _____ By whom? _____ Tel. No. _____
- 5. Local church affiliation: _____
- 6. Have you previously applied for approval or endorsement? _____
 What disposition was made of your previous application? _____
- 7. Total ministerial experience, beginning with the present and working back: (please use additional sheet if necessary, and indicate accordingly.)

Church or Employer	Address	Position Held	Dates Served	
			From	To

D. EDUCATIONAL DATA

- 1. College and Seminary training (please do not use initials for school names):

Names of Colleges and Seminaries	Address	Attended		Major	Total Hours	Degrees Conferred
		From	To			
- 2. Please request colleges and seminaries to send transcripts to Chaplaincy of Full Gospel Churches.
- 3. Have you been in a clinical pastoral internship? _____ If so, how many quarters? _____
 Where did you receive this internship training? _____
- 4. Other special training you have received to prepare for the Chaplaincy: _____

E. SECULAR OCCUPATIONAL DATA
(Maximum of 15 years, unless ministry related)

1. Occupational experience: (List most recent employers, all in last 15 years. Use additional sheet if necessary, and indicate accordingly.)

Employer	Address	Position	Dates Served	
			From	To

F. MILITARY DATA

- Previous active duty military service: _____
 Branch _____ From _____ To _____ Grade _____
 Date _____ Date _____
- If discharged, type of discharge you received: _____ (A copy of your discharge must accompany this application).
- If currently in a Reserve unit: _____
 Name Of Organization _____ Address _____
- Have you ever been rejected for military service? _____ If so, give details: _____

- I hereby grant permission to a member of Chaplaincy of Full Gospel Churches to review my military record when CFGC sees a need to do so: Yes No

G. 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 category below: (List your church membership, if other than with your pastor.)

	Name	Telephone #	Mailing Address
Present			
Pastor			
Other			
Minister			
College			
Seminary			
Other			

H. DISCUSSION

Please complete sections 1 and 2 in essay form; with letters and questions prior to each answer:

1. Please discuss the following topics in 300-500 words and attach to this application on additional paper:
 - a. Explain what being "saved" means to you.
 - b. Explain why you believe that you are saved.
 - c. Explain what being "Spirit-filled" means to you.
 - d. Explain why you believe that you are "Spirit-filled."
 - e. Explain how you would be fairly certain that someone else has received the Baptism of the Holy Spirit.
 - f. Please identify the gift(s) you have operated in through the empowerment of the Holy Spirit.

2. Please discuss the following topics in 300-500 words and attach to this application on additional paper:
 - a. Why do you desire to serve as a chaplain?
 - b. How have you prepared and/or are you preparing yourself for the chaplaincy?
 - c. List, in order of priority, the major functions of a chaplain.
 - d. Discuss controversial areas confronting the chaplaincy.
 - e. What do you do most effectively as a minister?
 - f. What do you do least effectively as a minister?
 - g. Your concept of financial stewardship.

STATEMENT:

1. I understand that I must meet each and every requirement for Chaplains of the particular service to which I apply. All education must be accredited.
2. I understand that, because of the requirements of the U.S. Armed Forces for security, etc., I will be investigated by the Government regarding background and police records; also, concerning records of drug/alcohol abuse and diseases that might indicate moral laxity.
3. I understand that, if commissioned as a chaplain, I will be working alongside chaplains of other denominations and faith groups, sometimes differing widely with my own views and beliefs. While I will not be asked to compromise my own conscience and beliefs, it is essential, by the very nature of the chaplaincy, that I consider their ordination and ministry as valid in the U. S. military as is my own. I must be willing to hold "General Protestant" worship services as well as those services specifically exercising all my own particular persuasions.
4. I understand that it is a requirement of the Armed Forces Chaplains Board, The Pentagon, Washington D.C. that my Endorsing Agency have the authority to issue and withdraw Endorsement.
5. Endorsement is a continuing requirement. Should I prove to be personally or professionally, or by other reason unsuited for the chaplaincy, and should CFGC decide that my endorsement should be withdrawn, I agree to abide by its decision.
6. I understand that I am expected to be a "Full Gospel" minister. This means that I am expected to be able to freely and without reservation confess that "Jesus Christ is Lord, Savior and Baptizer in the Holy Spirit today, with signs, miracles, and wonders following." Additionally, I am expected to exercise my Spiritual giftings in regard to prayer, anointing with oil, etc.
7. CFGC is a "faith ministry." I understand that this means financial support is dependent on churches and individuals. CFGC requires five percent (5%) of my total chaplain income. I agree to help with the expense of this ministry in this manner or better.

Signature: _____ Date: _____

Permanent Address (if different than above)

(ST/APT) (CITY) STATE

(ZIP) (TEL. NO)