



Height \_\_\_\_\_ Weight \_\_\_\_\_ Do you have Physical problems/ major illnesses \_\_\_\_\_ If so please describe: \_\_\_\_\_

Have you ever been hospitalized for a major illness, physical or mental problem? \_\_\_\_\_  
Reason: \_\_\_\_\_

State nature of illness: \_\_\_\_\_

Have you ever been convicted of a criminal offence? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_  
Charges: \_\_\_\_\_

What are your personal interest/ hobbies?

\_\_\_\_\_  
\_\_\_\_\_

Describe your musical/ athletic abilities: (Not required for endorsement, just for information)

\_\_\_\_\_  
\_\_\_\_\_

### **B. FAMILY AND MARITAL DATA**

What is your marital status: \_\_\_\_\_ If married, date of marriage: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Are you and your spouse living together? \_\_\_\_\_

Spouse's birthday: \_\_\_\_\_

Do you or your spouse have a former living companion? \_\_\_\_\_

If so are they still living? \_\_\_\_\_

To what extent does your spouse share in your interest in the chaplaincy? \_\_\_\_\_

\_\_\_\_\_  
If you have children, list their names, and date of \_\_\_\_\_

\_\_\_\_\_

### **MINISTERIAL AND SPIRITUAL DATA**

Date of salvation: \_\_\_\_\_ Date filled with the Holy Spirit: \_\_\_\_\_

Where were you licensed? \_\_\_\_\_ With what district? \_\_\_\_\_

Present district affiliation: \_\_\_\_\_ Local church affiliation: \_\_\_\_\_

Have you previously applied for denominational approval or endorsement? \_\_\_\_\_

If yes, what endorsing body? \_\_\_\_\_  
What disposition was made of your application? (if applicable) \_\_\_\_\_

Ministerial experience: (Beginning with the present and work back):

Church or employer	address	position held	date served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If more space is needed, please turn page and write on back)

**EDUCATIONAL DATA**

College and Seminary Training: (Please use complete school names)

Name of Colleges and Seminaries	Address	Attended (Dates)	Major	Total hours	Degree conferred
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please send copies of transcripts of all schools: (just copies, do not need originals)**

Have you been in clinical pastoral education? \_\_\_\_\_ If so, How many quarters? \_\_\_\_\_  
Other special training or experience you have received to prepare you for the chaplaincy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. SECULAR OCCUPATIONAL DATA**

Occupational experience: (List most recent employers):

employer	address	position	dates served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. MILITARY DATA**

Previous military service: From \_\_\_\_\_ To \_\_\_\_\_ Grade \_\_\_\_\_ Branch \_\_\_\_\_  
If discharged, type of discharge you received: \_\_\_\_\_ (A copy of your DD214 must accompany this application)

If currently serving in a Reserve/ Guard unit, give the following:

Name of Organization: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been rejected for military service? \_\_\_\_\_ If so, state details:

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I hereby grant permission to a member of the Commission on Chaplains to review my military record when the commission 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 enough to evaluate your ministry, talents, list one of each category below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

District Official: \_\_\_\_\_

Minister/ Pastor: \_\_\_\_\_

College: \_\_\_\_\_

Seminary: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

#### H. DISCUSSION

Applicant please discuss the following topics on additional paper:

- a. Describe your calling to the chaplaincy.
- b. How have you prepared yourself for the chaplaincy?
- c. What do you see as the role 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. Prepare a two page, single spaced testimony of yourself and attach it with this application
- h. Have your spouse complete a two page, single spaced testimony of their spiritual walk and their support of your going into the chaplaincy.

This is critical in making sure the spouse agrees with your ministry as a chaplain

Hers/ his should include:

- a. What does it mean to be a ministers spouse?
- b. What is your understanding of the military chaplain?
- c. What do you see as your role in the military chaplaincy?
- d. What do you see as your role when your spouse is away on military deployments?
- e. Do you feel that your support of your spouse will be demeaning to you or a spiritual walk for you?

It is critical for each chaplain to have a clear theology of ministry with solid scriptural support, due to the pluralistic (multi-denominational) setting, and the extremely secular context in which ministry is accomplished.

Please present an in-depth paper (as clearly and concisely as you can), on your theology of ministry, as per the following instructions. You are asked to address the following issues with the conclusions being supported by your solid scriptural understanding. (Keep in mind your context for ministry within the particular area of chaplaincy for which you are seeking endorsement).

The following areas should be addressed:

- A. Present basic statement of what you understand ministry to be.
- B. What is the church? How does your concept of church relate to the pluralistic demands of the chaplaincy? How will you maintain your denominational uniqueness and traditions within this pluralistic setting?
- C. What is the mission of the church? How will being a chaplain facilitate or help to accomplish that mission? How would you justify your existence as a chaplain within a secular institution?

Please enclose the application fee (\$50.00) which is un-refundable. This is used to process your application and also have a back ground check on you. This is required by law.

The next few paragraphs are a requirement for having this commission endorse you.  
**Please read them carefully before you initial them:**

**Initial**  
In making this application I \_\_\_\_\_ recognize the Commission on Chaplains, of the Pentecostal Church of God, to be the agency designated to endorse chaplains to the various military and VA chaplaincies.

**Initial**  
I \_\_\_\_\_ voluntarily and knowingly authorize the Pentecostal Church of God Commission on Chaplains to contact the personal references (individuals named by me on my application form and other individuals suggested by other sources), determining whether to appoint me as a chaplain or chaplain trainee.

**Initial**  
I \_\_\_\_\_ expressly authorize my references, so contacted, to respond fully to any and all questions regarding my fitness and competence for the chaplaincy.

**Initial**  
I \_\_\_\_\_ agree to abide by the agency's decision and, if appointed, to cooperate fully with said Commission on Chaplains in carrying out its policies and programs.

**Initial**  
I \_\_\_\_\_ agree to support this Commission with my tithes, and will submit reports as required by the Commission, updating relevant information.

**Initial**  
I \_\_\_\_\_ also recognize that the agency that has the responsibility to make denominational endorsements also has the right to withdraw denominational endorsement. Should I prove by temperament, disposition, attitude, doctrine, or other reasons unsuited for the Pentecostal Church of God Chaplaincy, and should the Commission on Chaplains decide that my denominational endorsement should be withdrawn, I agree to abide by its decision.

**Initial**  
I \_\_\_\_\_ voluntarily waive any right to access to confidential recommendations respecting my endorsement or approval.

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_