

APPLICATION FOR ECCLESIASTICAL INDORSEMENT

(Hospital, Hospice, Corrections, Police, Fire, etc.)

Position Applying For or Organization Seeking Membership With: _____

Name and Mailing Address the Endorsement is to be Sent To: _____

Name _____ Social Security Number _____

Mailing Address _____

Telephone # Home _____ Office _____

E-mail Address _____ Date of Birth _____ Age _____

Marital Status: Single ____ Married ____ Widowed ____ Separated ____ Divorced ____

Name of Spouse _____ Spouse's Date of Birth _____

Children: Names	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Other Dependents: _____

EDUCATION: Attach proof of all specialized training completed. Provide transcript copies of all seminary and postgraduate education.

College _____ Degree _____ Year _____

Seminary _____ Degree _____ Year _____

Postgraduate _____ Degree _____ Year _____

Specialized Training Completed: _____

Ecclesiastical Status:

Location and Date of Ordination _____

Present Ministerial Position or Status _____

Name and Address of current Regional Pastor and Overseer

Personal Data:

Height _____ Weight _____ Are you in good health? _____

Have you or your spouse ever received counseling or treatment for mental or emotional illness?
_____ If yes, please describe the nature, diagnosis and dates, the current status, and list any
prescribed medications: _____

List your involvement in any civic or community organizations: _____

List your hobbies, sports, and recreational interests: _____

Employment History:

For the last 10 years list all periods of full or part time employment.

Also account for periods of non-employment by stating the period of time and reason for
unemployment (i.e. full time student).

Employer: _____ From _____ To _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

Employer: _____ From _____ To _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

Employer: _____ From _____ To _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

Continue the above format on additional paper as needed:

References:

Provide names, addresses, and phone numbers of persons who will be completing the confidential reference evaluation forms. Advise persons to mail the completed form directly to Credentials Services Coordinator, P. O. Box 2420, Anderson, IN 46018-2420

Church of God Ministerial Colleague _____

Professor or CPE Supervisor _____

A non family member who knows you well _____

Attach the following to this application:

1. Brief account of your Christian experience and your motivation for seeking this certification.
2. Recent photograph (glossy print at least 2" x 2")
3. Any additional information you feel might be helpful in considering your request.

I recognize the authority of the Coordinator of Chaplain Ministries to represent the Church of God (Anderson, IN) to grant, deny, or withdraw my certification/endorsement.

Signed

Date

Send To:

Credentials Services Coordinator
Church of God Ministries
P.O. Box 2420
Anderson, IN 46018-2420