

**MILITARY CHAPLAINCY
APPLICATION FOR ECCLESIASTICAL ENDORSEMENT/APPROVAL**

Send To:
MILITARY CHAPLAIN ENDORSER
CHURCH OF GOD MINISTRIES
P. O. BOX 2420
ANDERSON, IN 46018-2420

Applying To Minister In/With:

	<u>Regular</u>	<u>Reserves/Guard</u>	<u>Chaplain Candidate</u>
Army	_____	_____	_____
Air Force	_____	_____	_____
Navy	_____	_____	_____
Civil Air Patrol	_____		

Name _____ Social Security Number _____

Mailing Address _____

Telephone #: Home _____ Office _____

Email 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: Please provide copies of all diplomas and training completion certificates. Provide a copy of all Seminary and Postgraduate transcripts.

College _____ Degree _____ Year _____

Seminary _____ Degree _____ Year _____

Postgraduate _____ Degree _____ Year _____

Specialized Training Completed (describe) _____

Ecclesiastical Status:

Location and Date of Ordination _____

Present Ministerial Status _____

Name and Address of current State/Area Credentials Committee Chairperson _____

Ministerial/Pastoral Positions Held:

(In chronological order, starting with most current; indicate the position title, location, and inclusive dates; indicate if you were a student, full time, or part time staff member during these periods)

Personal Data:

Height _____ Weight _____ Are you in good health? _____

When will you be available to accept a chaplain appointment? _____

List any medical conditions that might cause you to fail a military physical exam:

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

Do any of your dependants have any special needs or problems that would prevent you from accepting any deployment or worldwide assignment? _____ If so, describe:

List your recreational, sports, hobbies, or special interest:

List any service, civic, or community organizations you have been an active part of:

Military:

Have you started application with a military branch? _____ If so, which branch? _____

What is the name, address, and phone number of your Recruiter? _____

Previous military service: branch/dates/highest rank/active duty or reserves _____

Present military status _____

References:

Provide names, addresses, and phone numbers of persons who will be completing the enclosed confidential reference evaluation forms. Advise persons to mail the completed form directly to Military Chaplain Endorser, Church of God Ministries, P. O. Box 2420, Anderson, IN 46018-2420

Ordained Clergy Person who knows you well _____

Ministry Mentor or Professor of your Seminary _____

Church of God Lay Person or Ministry Recipient _____

Attach the following to this application:

1. Brief account of your Christian experience and your motivations to serve as a chaplain.
2. Recent photograph (glossy print at least 2" x 2")
3. **For Chaplain Candidate Program only:** Seminary transcripts to date or letter from accredited seminary stating acceptance as a full time student in an M. Div. Program.

I recognize the authority of Church of God Ministries to represent the Church of God (Anderson, IN) to grant, deny, or withdraw my ecclesiastical endorsement or approval.

Signed

Dated