



THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

CUMBERLAND PRESBYTERIAN CHURCH
PRESBYTERIAN CHURCH (U.S.A.)

CUMBERLAND PRESBYTERIAN CHURCH IN AMERICA
KOREAN PRESBYTERIAN CHURCH ABROAD

4125 NEBRASKA AVENUE, N.W., WASHINGTON D.C. 20016-2790 – TEL. 202-244-4177

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT AS A CHAPLAIN TO THE ARMED FORCES

THIS FORM IS FOR INDIVIDUALS WHO ARE ORDAINED OR APPROVED FOR ORDINATION

Name of Applicant: _____

(First) (Middle) (Last) (Soc. Sec. No.)

I am minister with the _____ and Presbytery of _____
(Denomination) (Presbytery)

I would like to be endorsed to serve as a chaplain to the _____

I would like to serve _____

A. Biographical Information

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Office Phone: _____

Date of Birth: _____ Are you a US Citizen: Yes: _____ No: _____

Marital Status: Single: _____ Married: _____ Separated: _____ Divorced: _____

Spouse's Name: _____ Date of Birth: _____ Date of Marriage: _____

| Children | Name | Date of Birth |
|----------|-------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. Education

College: _____ Degree: _____ Year: _____

Seminary: _____ Degree: _____ Year: _____

Other School: _____ Degree: _____ Year: _____

Clinical Pastoral Education: _____ # of Units: _____

Other specialties and/or training: _____

C. Ecclesiastical Status

Ordained by _____ Date: _____

Years of ordained pastoral experience: _____
(Note: All military chaplaincies require a minimum of 2 years practical post ordination experience before accepting an individual for Active Duty. They are looking for individuals who have experience with preaching, counseling, conduction funerals, and weddings. On occasions a waiver maybe given by the military based on their needs. If you believe you may qualify for a waiver, please fill out the waiver request form. This 2 year requirement does not apply to National Guard and Reserve appointments.)

Present Position: _____

Current Employer/Church: _____ Dates of Service: _____

Work History: (List key pastoral and other ministerial experience – ordained or not ordained)

| Church/Employer/Institution | Position | Location (City/State) | Dates |
|-----------------------------|----------|-----------------------|-------|
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| | | | |

Military Chaplains must maintain high personal and moral standards, if you are applying for military service can you answer yes to the following:

Yes No I believe I can receive a favorable military medical examination. (If you have a chronic medical condition, please let us know.)

Yes No I believe I can receive a favorable National Agency Check (Security Clearance).

Yes No I believe I can pass a military physical fitness test and maintain fitness standards for the length of my military service.

D. Military Service Information

Have you filed a military application _____ Where? _____

Prior military service: _____
(please include branch, dates and rank/rate)

Present military status: _____
(please include branch, dates and rank/rate)

E. References

(Give names with appropriate titles- Mr., Ms., Dr., Rev., and include email address and phone number. A confidential appraisal form will be emailed to each reference listed. **Please request prior approval from each named reference** and emphasize confidentiality of the application if applicable. We understand that you may need to use a substitute for the specific position because of a personal reason. Please contact us and allow us to help you identify an appropriate substitute. *If you are not in the pastorate, please insert names of supervisory personnel.)

*1. Senior Pastor or Clerk of Session: _____ Email: _____

Address: _____ Phone: _____

*2. Lay Member of your church: _____ Email: _____

Address: _____ Phone: _____

3. Fellow Pastor _____ Email: _____

Address: _____ Phone: _____

4. One non-member of your church in your community: _____ Email: _____

Address _____ Phone: _____

F. Statement of Record

- | | | |
|---|----|-------|
| 1. Have you ever been charged with, accused of, moved because of, or transferred to another position because of any sexual misconduct or sexual harassment? | No | Yes** |
| 2. Have you ever been arrested or convicted of any other offense (not sexual in nature)? | No | Yes** |
| 3. Have you ever filed for bankruptcy or are you in arrears on any loans or credit cards? This includes student loans. | No | Yes** |

**If YES, give a full explanation of the issues and results in a letter addressed to the Director of the Presbyterian Council for Chaplains and Military Personnel. Information shared will be considered sensitive and will be restricted to only the Council staff and the Interview Committee, as those who must know in order to make decisions regarding endorsement through the Presbyterian Council for Chaplains.

*** Note that the PCCMP may execute a criminal and financial background check on any applicant.

No application for ecclesiastical endorsement will be processed without this signed and dated document.

I certify that the above is true and accurate. I understand that falsification may result in immediate revocation of my endorsement.

Signed: _____ Date: _____

(Please sign this section electronically. It will not lock the form. If you cannot sign electronically, you must sign this section and scan it into an Adobe file.)

G. Military Duty and Family Impact Statement

This statement is verification that you have discussed with your spouse and family the impacts of military service on them. If you wish, your spouse may make up their personal statement and are not required to agree to this statement. This statement is volunteer and not required for endorsement. We have placed this here because many have asked what the statement should be. This is just a suggestion.

Statement: My spouse and I have talked about the impact of my serving as a military chaplain, on Active Duty, Reserve or National Guard status. We both understand that my service may include separation from the family and each other for lengthy periods of time for such things as operational deployment, training schools, exercises, sea-duty and remote assignments. We also understand that there are inherent risks in serving the military. We have discussed that if I serve in an Active Duty status, that it may require us to move to locations around the country and world. We both have agreed that we are willing to accept these challenges. We have agreed that if we develop issues in our relationships, we will immediately seek assistance in maintaining our marriage. My spouse also understands that the PCCMP is a pastoral resource to assist them and they have free access and may contact any member of the PCCMP to discuss any issues.

Spouse
Signature _____ Date _____

Applicant
Signature _____ Date _____

H. The Covenant and Code of Ethics for Chaplains of the Armed Forces

Having accepted God's Call to minister to people who serve in the Armed Forces of our country, I covenant to serve God and these people with God's help; to deepen my obedience to the commandments, to love the Lord our God with all my heart, soul, mind and strength, and to love my neighbor as myself. In affirmation of this commitment, I will abide by this Code of Ethics, and I will faithfully support its purposes and ideals. As further affirmation of my commitment, I covenant with my colleagues in ministry that we will hold one another accountable for fulfillment of all public actions set forth in our Code of Ethics.

I will hold in trust the traditions and practices of my religious body.

I will carefully adhere to whatever direction may be conveyed to me by my endorsing body for maintenance of my endorsement.

I understand as a chaplain in the Armed Forces and/or the Civil Air Patrol that I must function in a pluralistic environment with chaplains of other religious bodies to provide for ministry to all military personnel and their families entrusted to my care.

I will seek to provide for pastoral care and ministry to persons of religious bodies other than my own within my area of responsibility with the same investment of myself that I give to members of my own religious body. I will work collegially with chaplains of religious bodies other than my own as together we seek to provide as full a ministry as possible to our people. I will respect the beliefs and traditions of my colleagues and those to whom I minister. When conducting services of worship that include persons of other than my religious body, I will draw upon those beliefs, principles and practices that we have in common.

I will, if in a supervisory position, respect the practices and beliefs of each chaplain I supervise and exercise care not to require of them any service or practice that would be in violation of the faith practices of their particular religious body.

I will seek to support all colleagues in ministry by building constructive relationships wherever I serve, both with the staff where I work and with colleagues throughout the military environment.

I will maintain a disciplined ministry in such ways as keeping hours of prayer and devotion, endeavoring to maintain wholesome family relationships, and regularly engaging in educational and recreational activities for professional and personal development. I will seek to maintain good health habits.

I will recognize that my obligation is to provide ministry to all members of the Military Services, their families and other authorized personnel. I will only accept added responsibility in civilian ministry if it does not interfere with the overall effectiveness of my primary military ministry when mobilized for Active Duty.

I will defend my colleagues against unfair discrimination on the basis of gender, race, religion or national origin.

I will hold in confidence all privileged communication received by me during the conduct of my ministry. I will not disclose confidential communications in private or in public.

I will not proselytize from other religious bodies, but I retain the right to evangelize those who are non-affiliated.

I will show personal love for God in my life and ministry as I strive together with my colleagues to preserve the dignity, maintain the discipline and promote the integrity of the profession to which I have been called.

Signature: _____ Date: _____

I. Additional Information that you would like to share or have considered in this application process

J. Checklist for additional items to include as part of your application

1. Brief life sketch (approx.. 2 pages) please send as a Word Document or PDF file
2. A statement of your motivations and reasons for wanting to serve as a chaplain. Please send as a Word Documents or PDF file
3. A statement from your spouse of concurrence with your application for the military chaplaincy and ability to accept separated tours of duty. A signed Section G may be substituted for this statement.
4. College, seminary and postgraduate transcripts
5. A electronic copy of your Personal Information Form (PIF) or dossier
6. Current photograph, jpeg format is requested
7. Recorded sermon or worship leadership – standard length sermon (digital recording or link to a church website)

Please send all items electronically to info@pccmp.org

K. Statement of Understanding

1. I understand that this is a discernment and validation process performed in participation and consultation with my presbytery. That it is a process that may take several days and or weeks depending on many factors to accomplish.
2. I understand that I will be interviewed by representatives of the Presbyterian Council.
3. I recognize the authority of The Presbyterian Council for Chaplains and Military Personnel, representing the participating denominations, to grant, deny, or withdraw Ecclesiastical Endorsement.
4. I understand that if approved as a military chaplain in the Armed Forces, I will be subject to military orders. Reserve/Non-active duty chaplains may be mobilized during emergencies.
5. I understand that if I become a military chaplain that I must maintain my relationship with my presbytery and PCCMP. I will report any changes of status to both my presbytery and PCCMP. I furthermore will submit all required presbytery reports as requested and that I will submit a Semi-Annual report to the PCCMP in March and September of each year. I understand that failure to maintain these requirements may result in the revoking of my Ecclesiastical Endorsement.

L. Release of Information Agreement

The use and purpose of this release of information form is to comply with the decision of the 1995 Annual Meeting of the Presbyterian Council for Chaplains and Military Personnel (PCCMP). All information provided will only be for the use of PCCMP in determining endorsement. No information will be released beyond the boundaries of PCCMP without the written approval of the individual named hereon. Voluntary release is a constituent part of endorsement. No Application for ecclesiastical endorsement or re-endorsement will be processed without this signed and dated document.

Statement: I authorize FULL release of any and all information requested, including and not limited by the Council on/about me to the Office of the Presbyterian Council for Chaplains and Military Personnel. I waive the Federal Privacy Act and all other impediments to the release of information having any bearing on ecclesiastical endorsement to the chaplaincy.

Release of Psychological Testing Results (Voluntary): If you have and are willing to release any psychological testing or personality type inventory, and are willing to release the interpretive synopsis to the Council, please secure these on your own initiative and forward them to the Council as an enclosure with your application.

Signature: _____

Date: _____

This application is not complete without all items listed in Section J.

Section F, Section H and Sections K/L must be signed.

Please follow the Adobe procedures for electronically signing this document.

If you are unable to sign it electronically, please print, sign and scan into a file then return it.

PLEASE RETURN THIS APPLICATION AND ADDITIONAL ITEMS VIA EMAIL TO: INFO@PCCMP.ORG