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 CHAPLAIN CANDIDATE APPROVAL

THIS FORM IS FOR INDIVIDUALS WHO ARE IN SEMINARY PROGRAMS

Name of Applicant: _____
(First) (Middle) (Last) (Soc. Sec. No.)

I am under care of The Presbytery of _____ In the _____
(Presbytery) (Denomination)

I am currently enrolled at _____
(Seminary)

My anticipated date of graduation is: _____

I would like approval to participate in the Candidate Program for the _____

You must have your Presbytery approval for the Candidate Program.

A. Biographical Information

Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City _____ State _____ Zip _____

(*Your permanent address might be your parent home or a place where you reside outside of the school year. This varies from person to person, but essentially it is an address where we could track you down if we lose contact with you during your seminary years.)*

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	Names	Date of Births

B. Education

College: _____ Degree: _____ Year: _____

Other School: _____ Degree: _____ Year: _____

Other specialties and/or training: _____

_____

_____

C. Ecclesiastical Status

I am currently a Inquire _____ Candidate for Ministry: _____ As of Date: _____

If you are currently working with a church or have worked with a church, please provide the following information:

Present Position: _____

Current Employer/Church: _____ Dates of Service: _____

Work History:

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

Chaplain Candidates must maintain high personal and moral standards, can you answer yes to the following:

I believe I can receive a favorable military medical examination. (If you have a chronic medical condition, please let us know.)

I believe I can receive a favorable National Agency Check (Security Clearance).

I believe I can pass a military physical fitness test and maintain fitness standards.

D. Military or Veteran 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. Sometimes individuals fill out this application prior to seminary. If you do not have a seminary professor to use, please use a college professor.)

1. Pastor of your home church: _____ Email: _____

Address: _____ Phone: _____

2. Clerk of Session _____ Email: _____

Address: _____ Phone _____

3. Lay member _____ Email: _____

Address: _____ Phone: _____

4. Seminary Professor: _____ Email: _____

Address _____ Phone: _____

F. Additional items to include as part of your application

1. Brief life sketch (approx. 2 pages). This maybe in a Word Document or Adobe file.
2. A statement of your motivations and reasons for wanting to serve as a chaplain. This may be in a Word Document or Adobe file.
3. College, and seminary (as of date) transcripts
4. Current photograph, jpeg format is requested

G. Additional Information that you would like to have considered

H. Statement of Understanding:

1. I understand that this is a discernment and validation process performed in participation and with consultation from my presbytery. As it is a discernment process, I understand that may take several days and or weeks depending on many factors to accomplish.
2. I recognize the authority of The Presbyterian Council for Chaplains and Military Personnel, representing the participating denominations, to grant, deny, or withdraw Ecclesiastical Approval. I also understand that I must maintain my relationship with my presbytery and PCCMP by submitting an annual report on completion of my military training period.
3. I understand that I will be interviewed by a representative of the Presbyterian Council.
4. I understand that the PCCMP will do a background check on me through "Protect My Ministry" and/or a similar organization.
5. I understand that the granting of Ecclesiastical Approval does not guarantee the granting of an Ecclesiastical Endorsement or acceptance by the Armed Forces.
6. I understand that I must submit an application for Ecclesiastical Endorsement for appointment as a chaplain upon graduation and ordination.

This application process does not meet the standard for Ecclesiastical Endorsement.

I. 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.

Signed: _____

Date: _____

This Application Is Not Complete Without All Items Listed in Section F and 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 an Adobe file then return it.