



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. 202-630-6225

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT TO FEDERAL BUREAU OF PRISONS CHAPLAINCY

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 Federal Bureau of Prisons Chaplain.

I would like to serve _____

A. Biographical Information

Mailing Address: _____
City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ -- _____

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

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

Spouse's Name: _____ 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: _____

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

D. Additional Information

Have you filed for a FBOP job opening? Where? _____

If you have filed what is the close out date: _____

It is not required that you have military service to apply for a FBOP Chaplain position. But if you do have experience or are currently serving in the military please let us know.

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 ___ No ___ Yes** any sexual misconduct or sexual harassment?
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 _____ No _____ Yes** loans.

**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.

Signature: _____

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. The Covenant and Code of Ethics for FBOP Chaplains

Having accepted God's call to minister to individuals and families within the Federal Bureau of Prisons, I covenant with 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 the Code of Ethics of the FBOP Chaplaincy 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 FBOP Chaplaincy that I must function in a pluralistic environment with chaplains of other religious bodies to provide for ministry to all FBOP patients, staff 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 and community ministers of religious bodies other than my own as together we seek to provide a comprehensive pastoral care program for all those persons entrusted to us. I will respect the beliefs and traditions of my colleagues and those to whom I minister. When conducting services of public 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 all chaplains I supervise and exercise care not to require of them any service that would be in violation of the practices and beliefs of their particular religious body.

I will seek to support all colleagues in ministry by building constructive relationships wherever I serve, both within the staff and with colleagues throughout the FBOP.

I affirm the practice of a disciplined spiritual life as the foundation upon which ministry is built. I further affirm open and caring human relationships, ongoing professional and personal growth, regularly scheduled recreation, and participation in a support group as critical to both my wellbeing as a person and my effectiveness as a clergy person.

I recognize that my obligation is to provide a comprehensive pastoral care program to all members of the FBOP, their families and other authorized personnel. I will accept outside responsibility only when it does not interfere with the overall effectiveness of my primary FBOP duties.

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

I will hold in confidence all privileged communication received during the conduct of my ministry.

I will not use my position of special trust to proselytize. I will respond to any inquirer's request for spiritual guidance or pastoral care.

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.

I recognize the special power afforded me by my ministerial office. I will never use that power in ways that violate the personhood of another human being.

I will adhere to the standards of ethical conduct as contained in applicable regulations governing employees of the Federal Bureau of Prisons.

Signature: _____

Date: _____

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

I. 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. College, seminary and postgraduate transcripts
 4. A electronic copy of your Personal Information Form (PIF) or dossier
 5. Current photograph, jpeg format is requested
 6. Please send all items electronically [to info@pccmp.org](mailto:info@pccmp.org)
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J. Statement of Understanding

1. I understand that this is a discernment and validation process performed in participation and with consultation from 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 a representative 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 I become a Federal Bureau of Prisons Chaplain, that I must maintain my relationship with my presbytery and the 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.
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K. 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 I, Section F, Section G and Sections J/K 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.

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