



**INSTITUTIONAL CHAPLAINCY  
APPLICATION FOR ECCLESIASTICAL ENDORSEMENT  
(Hospital, Hospice, Corrections, Police, Fire, etc.)**

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

Position Applying for or Organization Seeking Membership with: \_\_\_\_\_

Name and Mailing Address to which the Endorsement is to be sent: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 (describe) \_\_\_\_\_

**Ecclesiastical Status:**

Location and Date of Ordination: \_\_\_\_\_

Present Ministerial Status: \_\_\_\_\_

Name and contact information of current State/Regional Credentials Committee Chairperson:

\_\_\_\_\_

**Personal Data:**

Height \_\_\_ Weight \_\_\_\_\_ Are you in good health? Yes / No

Have you or your spouse ever received counseling or treatment for mental or emotional illness? Yes / No

*If so, 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 Chaplain Endorser, Church of God Ministries, 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 motivations 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