



**CHURCH
OF GOD**
MINISTRIES

MILITARY CHAPLAINCY APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

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 #: _____

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 contact information of current State/Regional 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? Yes / No

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? Yes / No

If so, please describe the nature, diagnosis and dates, the current status, and list any prescribed medications:

Do any of your dependents have any special needs or problems that would prevent you from accepting any deployment or worldwide assignment? Yes / No

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? Yes / No If so, which branch? _____

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

Previous military service (include branch, dates, highest rank, active duty/ 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.

Signed Date