

APPLICATION

FOR ECCLIASTICAL ENDORSEMENT/APPROVAL
FOR APPRONTMENT AS CHAPLAIN, SEMINARIAN
**CHAPLAINCY OF
FULL GOSPEL CHURCHES**

1400 Kari Ann Dr.
Cedar Hill, Texas 75104-3612
(972) 291-5466/ Fax (972) 291-5470 / E-MAIL:
cfgc@cfgc-usa.com

Check Chaplaincy Positions for which you are applying:

- | | | |
|---|--|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Air National Guard | |
| <input type="checkbox"/> Army Reserves | <input type="checkbox"/> Navy Reserves | <input type="checkbox"/> Air Force Reserves |
| <input type="checkbox"/> Army Seminary | <input type="checkbox"/> Navy Seminary | <input type="checkbox"/> Air Force Seminary |
| <input type="checkbox"/> Army Chaplain Candidate | <input type="checkbox"/> Navy Chaplain Candidate | |
| <input type="checkbox"/> Air Force Chaplain Candidate | <input type="checkbox"/> Civil Air Patrol | |
| <input type="checkbox"/> Veterans Affairs Hospital | <input type="checkbox"/> Correctional | |
| <input type="checkbox"/> Civilian Health Care | <input type="checkbox"/> Work Place | |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Public School | |
| <input type="checkbox"/> Certified Lay Minister | | |
| <input type="checkbox"/> Other _____ | | |

For Office Use Only:

Date received _____ Application Fee (\$25.00) Received _____

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, please feel free to attach separate sheets and indicate accordingly.

A. Personal Data

1. Name _____ 2. Date of Birth _____ Soc. Sec. No. _____
Last First Middle
3. Home Address _____ ()
Street or Box City State Zip Telephone
()
Cell Phone E-mail Address Alternate E-mail Address
4. Office Address _____ ()
Street or Box City State Zip Telephone
5. Are you an American citizen? _____ (a) By birth? _____ (b) By naturalization? _____ Give Date: _____
6. Height _____ 7. Weight _____ 8. Have you any physical defects? _____ if so describe: _____
9. Any major illnesses? _____ Describe: _____
10. Have you ever been hospitalized? _____ Reason: (a) Physical _____ (b) Emotional _____
State Nature of illness: _____
11. Have you ever been charged with or convicted of a criminal offense? _____ When? _____ Where? _____
Charges: _____
12. Have you ever filed bankruptcy or ever had any serious financial problems? _____ If so, what date? _____
13. What are your hobbies? _____
14. Describe musical ability _____
15. Describe athletic ability _____

B. DOMESTIC, FAMILY AND/OR MARITAL DATA (Please answer each question; use "N/A" for all that do not apply)

1. What is your marital status? _____ If married, date of marriage _____
2. If married, spouses name _____ 3. If married, are you and your spouse living together? _____

4. Do you have a former living companion? _____ If married, does your spouse? _____ Explain: _____
5. To what extent does your spouse share your interest in the chaplaincy? _____
6. If you have children, list name and date of birth of each _____
-

7. List permanent name, address and telephone number.

(Someone other than yourself who will always know your whereabouts)

C. MINISTRIAL AND SPIRITUAL DATA

1. Date of Salvation: _____ 2. Date filled with the Holy Spirit: _____
3. When were you licensed? _____ By whom? _____ Tel. No. (____) _____
4. When were you ordained? _____ By whom? _____ Tel. No. (____) _____
5. Local church affiliation: _____
6. Have you previously applied for approval or endorsement? _____
 What decision was made on your application? _____
-

7. Total ministerial experience, beginning with the present and working back: (please use additional sheet if necessary and indicate accordingly.)

Church or Employer	Address	Position Held	Dates Served	
			From	To

D. EDUCATIONAL DATA

1. College and Seminary training (please do not use initials for school names):
- | Name of Colleges and Seminaries | Address | Attended | | Major | Total Hours | Degrees Conferred |
|---------------------------------|---------|----------|----|-------|-------------|-------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. Please request colleges and seminaries to send transcripts to Chaplaincy of Full Gospel Churches.

3. Have you been in a clerical pastoral internship? _____ If so, how many quarters? _____

4. Other special training you have received to prepare for the Chaplaincy: _____

H. DISCUSSION

1. Please discuss the following topics in 300-500 words and attach it as a separate enclosure to this application:

- a. Explain what being "saved" means to you.
- b. Explain why you believe that you are saved.
- c. Explain what being "Spirit-filled" means to you.
- d. Explain why you believe you are "Spirit-filled."
- e. Please identify the gift(s) you have operated in through the empowerment of the Holy Spirit.

2. Please discuss the following topics on additional paper:

- a. Why do you desire to serve as a chaplain?
- b. How have you prepared, are you preparing, yourself for the chaplaincy?
- c. List, in order of priority, the major function of a chaplain.
- d. Discuss controversial areas confronting the chaplaincy.
- e. What do you do most effectively as a minister?
- f. What do you do least effectively as a minister?
- g. Your concept of financial stewardship.

STATEMENT:

1. I understand that I must meet each and every requirement for Chaplains of the particular service to which I apply. All education must be accredited.
2. I understand that, because of the endorsement to the U.S. Armed Forces for security, ect., I will be investigated by the Government as to background and police records; also, concerning records of drug/alcohol abuse and diseases that might indicate moral laxity.
3. I understand that, if commissioned as a chaplain, I will be working alongside chaplains of other denominations and faith groups, sometimes differing widely with my own views and beliefs. While I will not be asked to compromise my own conscience and beliefs, it is essential, by the very nature of the chaplaincy, that I consider their ordination and ministry as valid in the U.S. military as is my own. I must be willing to hold "General Protestant" worship services as well as those services specifically exercising all my own particular persuasions.
4. I understand that it is a requirement of the Armed Forces Chaplains Board, The Pentagon, Washington D.C. that my Endorsing Agency have the authority to issue and withdraw endorsement.
5. Endorsement is a continuing requirement. Should I prove to be personally and professionally, or by other reason unsuited for the chaplaincy and should CFGC decide that my endorsement should be withdrawn, I agree to decide by its decision.
6. I understand that I am expected to be a "Full-Gospel" minister. This means that I am expected to be able to freely and without and without reservation confess that "Jesus Christ is Lord, Savior, and Baptizer of the Holy Spirit today, with signs, miracles, and wonders following." Additionally, I am expected to exercise my Spiritual giftings in regard to prayer, anointing with oil, ect.
7. CFGC is a "faith ministry." I understand that this means financial support is dependent on churches and individuals While CFGC does not access dues, I agree to help with the expense to this ministry.

Signature: _____ Date: _____

Permenant Address (if different than above)

(ST/APT)

(CITY)

(STATE)

(ZIP)

(TEL.NO.)