**APPLICATION**

Check Chaplaincy Positions for which you are applying:

( ) **Army** **( ) Air Force**

( ) Army Nat. Guard. ( ) Air Nat. Guard

( ) Army Reserves ( ) Air Force Reserves

( ) Army Seminarian ( ) Air Force Seminarian

( ) Army Chaplain Cand. ( ) AF Chaplain Candidate

**Navy** ( ) Cert. Lay Minister

( ) Navy Reserves ( ) Civil Air Patrol

( ) Navy Seminarian ( ) Correctional

 ( ) Work Place

( ) Public School

( ) VA Hospital

( ) Civilian Health Care

( ) Professional Counselor

( ) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ECCLIASTICAL ENDORSEMENT/APPROVAL

FOR APPOINTMENT 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

For Office Use Only:

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Fee ($75.00) 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. Do you have 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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, did 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. MINISTRAL 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 Address Attended Major Total Degrees

 and Seminaries From To Hours Conferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **E. SECULAR OCCUPATIONAL DATA**

1. Occupational experience (list most recent employers):

 Employer Address Position Dates Served

 From To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. MILITARY DATA**

1. Previous active-duty military service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ From\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ Branch Date Date

2. If discharged, type of discharge you received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (a copy of your discharge must accompany this application).

3. If currently in a reserve unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Organization Address

4. Have you ever been rejected for military service?\_\_\_\_\_ If so, give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. I hereby grant permission to a member of Chaplaincy of Full Gospel Churches to review my military record if CFGC sees a need to do so: l\_\_l Yes l\_\_l No

 **G. REFRENCES**

 General references (as indicated below, other than relatives). For us to obtain meaningful information from those who know you well enough to evaluate ministry talents, list at least one of each category below: (List your church membership, if other than with your pastor).

 Name Telephone # Email address

 Present

 Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other

 Minister \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Seminary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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, etc., 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 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 abide 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, etc.

 7. CFGC is a “faith ministry.” I understand that this means financial support is dependent on churches and individuals while CFGC does not assess dues, I agree to help with the expense to this ministry.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Application Permanent Address (if different than above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ST/APT) (CITY) (STATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ZIP) (TEL.NO.)

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