

**APPLICATION**

FOR ECCLESIASTICAL ENDORSEMENT/APPROVAL  
FOR APPOINTMENT AS CHAPLAIN, CHAPLAIN CANDIDATE

**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](mailto:cfgc@cfgc-usa.com)

Check Chaplaincy Positions for which you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> Army                    | <input type="checkbox"/> Air Force             |
| <input type="checkbox"/> Army Nat. Guard.        | <input type="checkbox"/> Air Nat. Guard        |
| <input type="checkbox"/> Army Reserves           | <input type="checkbox"/> Air Force Reserves    |
| <input type="checkbox"/> Army Chaplain Candidate | <input type="checkbox"/> AF Chaplain Candidate |
|  | <input type="checkbox"/> Civil Air Patrol      |

- Navy**
- |  |   |
|--|---|
| <input type="checkbox"/> Navy Reserves           | <input type="checkbox"/> Certified Lay Minister |
| <input type="checkbox"/> Navy Chaplain Candidate | <input type="checkbox"/> Correctional           |
| <input type="checkbox"/> Coast Guard Auxiliary   | <input type="checkbox"/> Work Place             |
| <input type="checkbox"/> Public School           |   |
| <input type="checkbox"/> VA Hospital             |   |
| <input type="checkbox"/> Civilian Health Care    |   |
| <input type="checkbox"/> Other _____             |   |

For Office Use Only:

Date received \_\_\_\_\_ Application Fee (\$150.00) Received \_\_\_\_\_

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

**A. PERSONAL DATA**

1. Name \_\_\_\_\_  
Last First Middle

2. Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

3. Home Address \_\_\_\_\_ ( ) \_\_\_\_\_  
 Street 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 for 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, 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 Emergency Contact: name, address, and telephone number.  
 (Someone other than yourself who will always know your whereabouts)

**C. MINISTERIAL 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 denomination: \_\_\_\_\_
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 label 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 From	To	Major	Total Hours	Degrees Conferred
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2. Please request colleges and seminaries to send transcripts to Chaplaincy of Full Gospel Churches.

3. Have you been in either a clinical or pastoral internship? \_\_\_\_ If so, how many quarters? \_\_\_\_\_

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

**E. SECULAR OCCUPATIONAL DATA**

1. Occupational experience (list most recent employers):

Employer	Address	Position	Dates Served From	To
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**F. MILITARY DATA**

1. Previous active-duty military service: \_\_\_\_\_

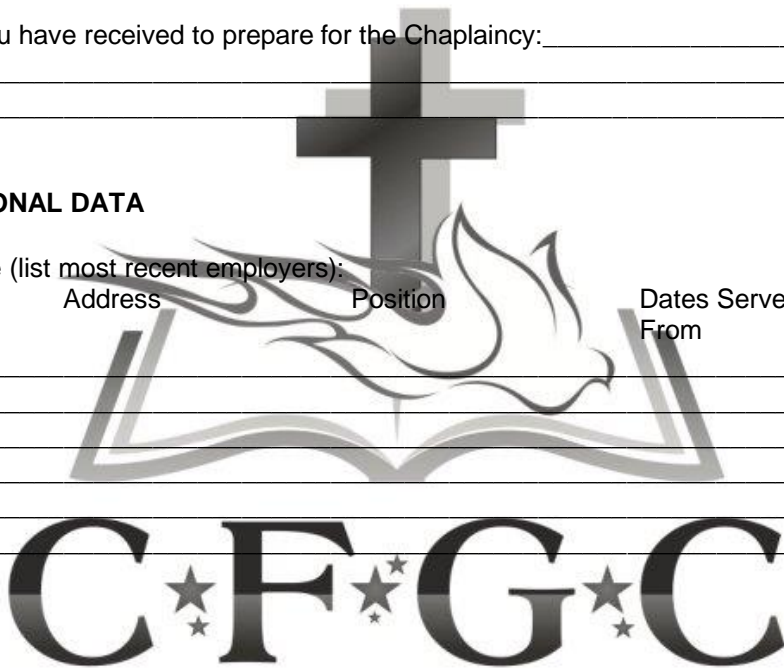
Branch	From Date	To Date	Grade
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2. If discharged, type of discharge you received: \_\_\_\_\_ (a copy of your discharge is required).

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: ( ) Yes ( ) No

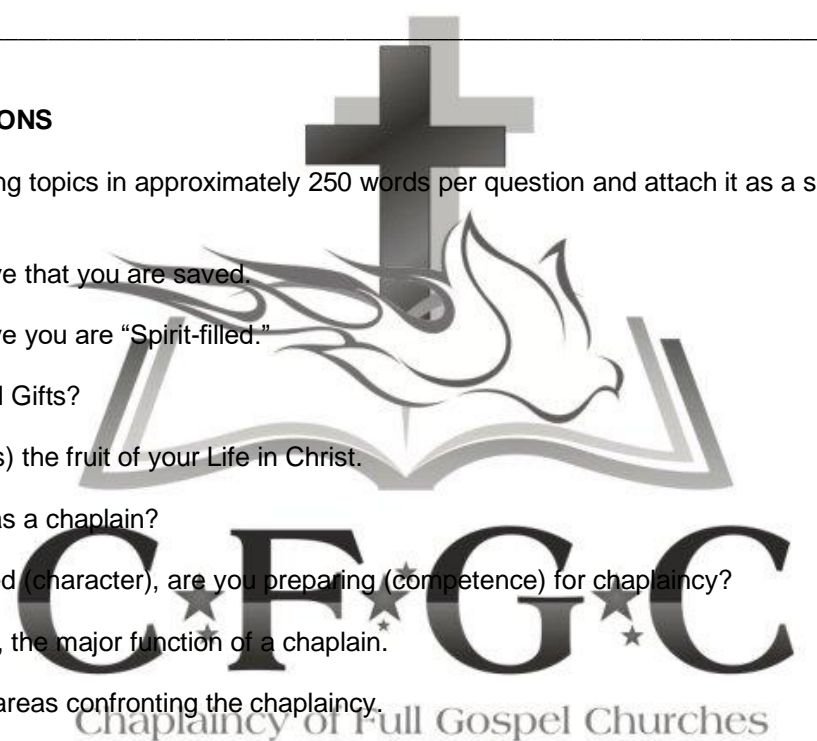


**G. REFERENCES**

	Name	Telephone #	Email address
Present			
Pastor	_____		
Other			
Minister	_____		
College	_____		
Seminary	_____		
Other	_____		

**H. DISCUSSION QUESTIONS**

Please discuss the following topics in approximately 250 words per question and attach it as a separate document to this application:

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1. Explain why you believe that you are saved.
  2. Explain why you believe you are "Spirit-filled."
  3. What are your Spiritual Gifts?
  4. Explain (with examples) the fruit of your Life in Christ.
  5. Describe your calling as a chaplain?
  6. How have you prepared (character), are you preparing (competence) for chaplaincy?
  7. List, in order of priority, the major function of a chaplain.
  8. Discuss controversial areas confronting the chaplaincy.
  9. What do you do most effectively as a minister?
  10. What do you do least effectively as a minister?
  11. Your concept of financial stewardship.

**I. BIOGRAPHICAL SKETCH**

1. Provide a one-page biographical sketch in a separate document.

**STATEMENT:**

1. I understand that I must meet each and every requirement for Chaplains of the specific service branch to which I apply. All education must be accredited.
2. I understand that, because of the endorsement to Federal, State, and Local Agencies, etc., A robust background, police records, and financial investigation may be conducted (multiple times); to include records of drug/alcohol abuse and diseases that might indicate moral laxity.
3. I understand that, if commissioned/employed 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.
4. I must be willing to hold "General Protestant" worship services as well as those services specifically exercising all my own religious persuasions.
5. 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.
6. I understand that CFGC upholds the Biblical view of Marriage as a Sacred union between one man and one woman. I am not permitted to conduct and/or participate in any ministry or action that does not align with the above view.
7. Endorsement is a continuing requirement. Should I prove to be personally, professionally, or for other reasons unsuited for the chaplaincy and should CFGC decide that my endorsement should be withdrawn, I agree to abide by its decision.
8. 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 reservation confess that Jesus Christ is Lord and Savior and that the Spiritual gifts in Scripture continue today. Additionally, I am expected to daily exercise my Biblical Spiritual giftings for the Glory of God in fulfillment of the Great Commission.
9. I agree to abide by the signed and included Covenant Giving Statement, i.e. I will donate 5% of my Total Income to the CFGC office, for ministry expenses.

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

Permanent Address (if different than above)

\_\_\_\_\_  
(ST/APT) (CITY) (STATE)  
\_\_\_\_\_  
(ZIP) (TEL.NO.)