

C. MINISTERIAL AND SPIRITUAL DATA

1. Date of Salvation: _____ 2. Date filled with the Holy Spirit: _____

3. When were you ordained? _____ By whom? _____ Phone: _____

4. Local church affiliation: _____

5. Have you previously applied for endorsement? (With whom?) _____

What disposition was made of this previous application? _____

6. Ministerial experience, beginning with the present and working back:

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):

Names of Colleges and Seminaries	Address	Attended From - To	Major	Total Hours	Degrees Conferred

2. Please send copies of all college and seminary transcripts (as applicable) to IMF (Attention: Ron Brovold)

3. Have you had any clinical pastoral education/training? _____ If so, how many units? _____

Where did you receive this clinical pastoral training? _____

4. Statement from the CPE Supervisor's evaluation of the applicant (attach a separate sheet)

5. Complete questions on A THEORY OF CHRISTIAN MINISTRY (see Attachment One).

6. Complete STATEMENT OF UNDERSTANDING AND COMMITMENT (see Attachment Two).

7. Complete STATEMENT OF RECORD (see Attachment Three).

8. Complete STATEMENT OF AUTHORIZATION (see Attachment Four)

9. Other specialized training you have received (or certifications and memberships you hold) to prepare for chaplaincy: _____

E. SECULAR OCCUPATIONAL DATA

1. Occupational experience (list most recent employers):

Employer	Address	Position	Dates Served From - To

F. REFERENCES

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

Present Pastor _____

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

Other Minister _____

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

Religions/Clinical _____

Supervisor

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

College _____

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

Seminary _____

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

Others _____

Title	Name	Street Address	City	State	Zip
Home Phone		Work Phone	E-mail Address		

G. DISCUSSION

PLEASE USE A SEPARATE PIECE OF PAPER TO DISCUSS THE FOLLOWING TOPICS. Please identify the question # before each answer.

- G1. Why do you desire to serve as a chaplain? Please explain your "call to Chaplaincy" in essay format.
- G2. How have you prepared, are you preparing, yourself for the chaplaincy?
- G3. List, in order of priority, the major functions of a chaplain.
- G4. Discuss controversial areas confronting the chaplaincy.
- G5. What do you do most effectively as a chaplain?
- G6. What do you do least effectively as a chaplain?
- G7. What is your concept of financial stewardship?
- G8. What is your understanding of pastoral care in a pluralistic setting?
- G9. Prepare a testimony of yourself (at least 200 words) and attach it to this application.

Please answer these questions on a separate piece of paper.

Consists of identification, description and relationships of underlying principles and how these can be translated into practice.

MAKE UP OF THESE SECTIONS

I. THE MINISTRY AS CALLING

An examination of the “Ministry as Calling” from Biblical, theological, sociological, political, economic and psychological perspectives to identify the “underlying principles.”

II. THE MINISTRY AS A PROFESSION

- My motives for this profession (what, with whom, for whom)
- The context (time and place) in which I will be practicing the profession
- What special knowledge and competencies are required?
- What is unique about this profession?
- What are the sources of authority?
- What is the function(s) of the peer group?
- To what extent is the professional standards set by the profession; by the clients; by society?
- What are general professional goals; my goals?
- What is your definition of success?

III. UNDERSTANDING OF MINISTRY

As a professional clergy person working as a military or civilian chaplain, what is your understanding of ministry that requires “respect and accommodation” to those you serve who are of another faith (or have no faith at all)?

IV. LISTING OF WHAT I BRING

- Personal gifts
- Experiences
- Convictions
- Priorities
- Major questions

V. CRITICAL ASSESSMENT OF MINISTRY TO DATE

- Characteristic nature
- Style
- Relationships to others in the profession
- Growth
- Goals

VI. PLANS FOR IMMEDIATE FUTURE

What will you do in the next year? (Be as specific as possible.) In the next 3-5 years?



**International
Ministerial
Fellowship**
Serving Those Who Serve Others

STATEMENT OF UNDERSTANDING AND COMMITMENT

(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

1. I understand that I must meet all the requirements for chaplains of the particular civilian institution or chaplaincy membership organization to which I apply. All USA theological education must be appropriately accredited (regionally or ATS). Foreign educational institutions will be evaluated on a case-by-case basis.
2. I understand and authorize that, because of the security requirements of the civilian institutions and organizations; I will be investigated for criminal and character backgrounds.
3. I understand that, if appointed as a chaplain, I will be working with 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 chaplaincy, that I consider their ordination and ministry as valid in the civilian institution as is my own. I understand that an attitude or practice of hostility and non-cooperation towards pastoral caregivers and adherents of other faiths will not be tolerated and is grounds for the immediate withdrawal of my endorsement credential. I have read and I agree to abide by the IMF Statement of Faith, Statement of Authorization, and Statement of Record. Further, I realize that I must be willing to hold "General Protestant" worship services as well as those services specifically exercising all my own particular beliefs and practices.
4. I understand that it is a requirement of the civilian institutions and organizations that IMF have the authority to issue and withdraw endorsement credentials.
5. I understand that endorsement is a continuing requirement. Should I prove to be personally or professionally, or by other reason unsuited for the chaplaincy or should IMF decide that my endorsement should be withdrawn, I agree to abide by its decision. Additionally, I understand that continuing education and professional development are essential for maintaining high quality pastoral caregiving. As such, I agree to immediately seek membership (if I do not already hold it) in a pastoral caregivers' organization. I further understand that the continuation of my endorsement is contingent upon my maintaining membership in an appropriate pastoral caregivers' organization.]
6. I understand that I am expected to represent IMF as a Holy Spirit-led Christian minister. This means that I am expected to be able to freely and without reservation confess that "Jesus Christ is Lord, Savior, and Baptizer in the Holy Spirit today; both natural and supernatural Spiritual gifts are available to believers who desire them and sincerely seek them." Additionally, I am expected to exercise my Spiritual giftings in regard to prayer, anointing with oil, etc., when invited to do so.
- 7. I understand that IMF is dependent on the financial support of chaplains, churches, and friends. It is required that military and civilian chaplains contribute a 5% tithe of their chaplaincy income monthly to support this ministry and, thus, safeguard their ability to be responsibly endorsed. Supervision, site visits and services are provided as a part of our endorsement and oversight ministry.**
- 8. I have read, understand and agree to the above covenant requirements.**

Signature: _____ Date: _____

Permanent Address (if different than above)

Street / Apt # _____ City _____ State _____ Zip _____

Phone Number(s) _____

STATEMENT OF RECORD

**THIS FORM MUST BE COMPLETED BY
ALL WHO APPLY FOR OR HOLD
ECCLESIASTICAL ENDORSEMENT CREDENTIALS
FROM**



International Ministerial Fellowship® (IMF)

(PLEASE TYPE OR PRINT LEGIBLY)

Name

Street

City State Zip

Telephone

Have you ever been charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual misconduct or sexual harassment?

(Initial your response) **NO** _____ **YES** _____ **

***If your response is "yes," please give a full explanation of the issues on the back of this form or in a letter addressed to this office. Information so shared will be considered sensitive and will be restricted to only those who must know in order to make decisions regarding ecclesiastical coverage through International Ministerial Fellowship.*

No application for ecclesiastical endorsement, recognition, or re-endorsement will be processed without this signed and dated document.

By my signature, I certify that the above and attached (if applicable) is true and accurate. I understand that falsification of this data in any manner will bring immediate revocation of my endorsement/recognition and/or cessation of the endorsement process. I further understand that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of any sexual, criminal, or ethical misconduct, that **I will immediately (within 72 hours) contact International Ministerial Fellowship's office to report the same.** I understand that failure to do so may bring immediate revocation of my endorsement/recognition.

Signature _____
(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

Date: _____



STATEMENT OF AUTHORIZATION

**THIS FORM MUST BE COMPLETED BY
ALL WHO APPLY FOR OR HOLD
ECCLESIASTICAL ENDORSEMENT OR RECOGNITION
FROM**

International Ministerial Fellowship® (IMF)

(PLEASE TYPE OR PRINT LEGIBLY)

Name

Street

City, State, Zip

Telephone

Social Security Number

Date of Birth

***IMPORTANT:** Please list on the reverse side of this page all the addresses (including street, city, state, and zip) and time-frames where you have resided for any period greater than thirty days for the past fifteen years. You may use additional sheets if necessary.

No application for ecclesiastical endorsement, recognition, or re-endorsement will be processed without this completed, signed, and dated document.

By my signature, I authorize International Ministerial Fellowship and their designated investigating agency to conduct a criminal background check on me. I understand that any negative report may result in the cessation of the endorsement process. I further understand and agree that if I am ever charged with, accused of, investigated for, moved because of, or transferred to another position because of alleged criminal and/or sexual and/or ethical misconduct that **this document authorizes my employer or volunteer chaplaincy organization to release this information to International Ministerial Fellowship (IMF).**

Signed: _____ Date: _____

(Please be sure you read this carefully before signing. If you have any questions or concerns, please call.)

I have enclosed a \$100 check to help defray the costs of my criminal background investigation.
(Initial your response) **NO** _____ **YES** _____