

Application

Check endorsement credential(s) for which you are applying:

<input type="checkbox"/>	Army	<input type="checkbox"/>	AD
<input type="checkbox"/>	Navy	<input type="checkbox"/>	AD
<input type="checkbox"/>	Air Force	<input type="checkbox"/>	AD
<input type="checkbox"/>	Military Guard		
<input type="checkbox"/>	Military Reserves		
<input type="checkbox"/>	Military Seminarian		
<input type="checkbox"/>	Civil Air Patrol		
<input type="checkbox"/>	Veterans Affairs		
<input type="checkbox"/>	Civilian Healthcare		
<input type="checkbox"/>	Correctional		
<input type="checkbox"/>	Workplace		
<input type="checkbox"/>	Public School		
<input type="checkbox"/>	Professional Counselor		
<input type="checkbox"/>	Certified Volunteer		
<input type="checkbox"/>	Other: _____		

For Ecclesiastical Endorsement, Approval or Certification

For Appointment as Chaplain, Chaplain Candidate, Certified Ordained Minister, or Certified Layminister

International Ministerial Fellowship (IMF)

For Office Use Only

- _____ Date Received _____
- _____ College Transcripts
- _____ Seminary Transcripts
- _____ Essays
- _____ Personal Testimony
- _____ 2 Recent Photographs
- _____ Statements & Authorization
- _____ Copy of Ordination
- _____ References
- _____ Application Fee

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

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 E-mail Address
4. Office Address _____
Street or Box City State Zip Telephone E-mail Address
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. Do you have any disabilities? _____ If so, briefly describe: _____
10. Have you ever been hospitalized for mental health concerns? _____ If so, please state the nature of illness(es): _____
11. Have you ever been charged with or convicted of a criminal offense? _____ When? _____ Where? _____
Charges: _____
12. Have you ever committed a serious criminal act for which you were not charged? _____ When? _____
What was it? _____
13. Have you ever filed bankruptcy or had any serious financial problems? _____ If so, what date? _____
14. What are your hobbies? _____
15. Describe athletic ability. _____

B. FAMILY AND MARITAL DATA

1. What is your marital status? _____ If married, date of marriage _____
2. Spouse's name: _____ 3. Are you and your spouse living together? _____
4. Do you or your spouse have a former living companion? _____ Please explain your history on a separate sheet of paper.
Note: A divorce is not an automatic disqualifier.
5. To what extent does your spouse share/support your interest in pastoral caregiving? _____
6. If you have children, list name and date of birth of each. _____
7. List permanent emergency 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. _____

4. When were you ordained? _____ By whom? _____ Tel. _____

5. Local church affiliation: _____

6. Have you previously applied for approval or endorsement? (With whom?) _____

What disposition was made of this previous application? _____

7. 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		Major	Total Hours	Degrees Conferred
		From	To			

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 quarters? _____

Where did you receive this clinical pastoral training? _____

4. 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. MILITARY DATA

[Only For Applicants With Prior Service]

1. Previous Active Duty military service: _____ From _____ to _____ Grade _____
Branch of Service Date Date

2. If discharged, type of discharge you received: _____
 Note: (A copy of your discharge [DD Form 214] must accompany this application).

3. Previous Reserve/Guard military service: _____ From _____ to _____ Grade _____
Branch of Service Date Date

4. If discharged, type of discharge you received: _____
 Note: (A copy of your discharge [DD Form 214] must accompany this application).

5. If currently in a unit _____
Name of Organization Address

6. Have you ever been rejected for military service? _____ If so, give details: _____

7. I hereby grant permission to IMF to review my military record when it sees a need to do so: Yes No

G. 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).

	Name	Telephone #	Mailing Address
Present Pastor	_____	_____	_____
Other Minister	_____	_____	_____
College	_____	_____	_____
Seminary	_____	_____	_____
Others	_____	_____	_____

H. DISCUSSION

1. Please discuss the following topics on additional paper:
 - a. Why do you desire to serve as a chaplain? Please explain your "call."
 - b. How have you prepared, are you preparing, yourself for the chaplaincy?
 - c. List, in order of priority, the major functions 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.
 - h. Your understanding of pastoral care in a pluralistic setting.
2. Prepare a testimony of yourself (at least 200 words) and attach it to this application.

International Ministerial Fellowship's 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 military service or civilian institution or chaplaincy membership organization to which I apply. All USA education must be appropriately accredited (regionally, ATS, or TRACCS). 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 U.S. Armed Forces (military), and other institutions and organizations (civilian), I will be investigated for criminal and character backgrounds.
3. I understand that, if commissioned or 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 U. S. military or 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 Pentagon's Armed Forces Chaplains Board as well as civilian institutions and organizations that the 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. [Chaplains only: 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. I agree to regularly help with the expense of this ministry. (Generally, it is expected that professional chaplains will contribute 5% of their chaplaincy income monthly to support this ministry and, thus, safeguard the future of their ability to be responsibly endorsed.)**

Signature: _____ Date: _____

Permanent Address (if different than above)

(STREET/APT #) (CITY) (STATE) (ZIP)

(TEL. NO)

International Ministerial Fellowship'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.

Signed: _____ Date: _____

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

International Ministerial Fellowship's 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** _____