



Bishop M David Reynolds

Director/ Endorser
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APPLICATION FOR ECCLESIASTICAL ENDORSEMENT/APPROVAL FOR APPOINTMENT AS CHAPLAIN/ SEMINARIAN

Check Chaplain position for

Which you are applying:

() VA Hospital

() Air Force

() Army

() Navy

() National Guard (Army, Air)

() Reserves (Army, Navy,
Air Force. Circle One.

() State Chaplain

() Federal Prisons

Office Use Only:

Date received -----

----- Application fee
(\$125.00 Non-refundable)

----- College transcripts

----- Seminary transcripts

----- Discussion questions

----- Testimony

----- Theology of Ministry

Statement

----- References

----- Photo

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, use a separate sheet and attach it to this application. But give as much detail as possible.

A. PERSONAL DATA

Name _____ Date of Birth _____

SS# _____

Home address _____

Street or Box

City

State

Zip

Phone#

Office Name/Address _____

Office name

Address

Phone number#

Email Address: _____

Are you an American Citizen? ____ (A) By Birth ____ (B) By Naturalization ____ Date ____

Height _____ Weight _____ Do you have Physical problems/ major illnesses _____ If so please describe: _____

Have you ever been hospitalized for a major illness, physical or mental problem? _____
Reason: _____

State nature of illness: _____

Have you ever been convicted of a criminal offence? _____ When? _____ Where? _____
Charges: _____

What are your personal interest/ hobbies?

Describe your musical/ athletic abilities: (Not required for endorsement, just for information)

B. FAMILY AND MARITAL DATA

What is your marital status: _____ If married, date of marriage: _____

Spouse's name: _____ Are you and your spouse living together? _____

Spouse's birthday: _____

Do you or your spouse have a former living companion? _____

If so are they still living? _____

To what extent does your spouse share in your interest in the chaplaincy? _____

If you have children, list their names, and date of _____

MINISTERIAL AND SPIRITUAL DATA

Date of salvation: _____ Date filled with the Holy Spirit: _____

Where were you licensed? _____ With what district? _____

Present district affiliation: _____ Local church affiliation: _____

Have you previously applied for denominational approval or endorsement? _____

If yes, what endorsing body? _____

What disposition was made of your application? (if applicable) _____

Ministerial experience: (Beginning with the present and work back):

Church or employer	address	position held	date served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If more space is needed, please turn page and write on back)

EDUCATIONAL DATA

College and Seminary Training: (Please use complete school names)

Name of Colleges and Seminaries	Address	Attended (Dates)	Major	Total hours	Degree conferred
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please send copies of transcripts of all schools: (just copies, do not need originals)

Have you been in clinical pastoral education? _____ If so, How many quarters? _____

Other special training or experience you have received to prepare you for the chaplaincy? _____

E. SECULAR OCCUPATIONAL DATA

Occupational experience: (List most recent employers):

employer	address	position	dates served
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. MILITARY DATA

Previous military service: From _____ To _____ Grade _____ Branch _____
If discharged, type of discharge you received: _____ (A copy of your DD214 must accompany this application)

If currently serving in a Reserve/ Guard unit, give the following:

Name of Organization:

Address:

Phone Number:

Have you ever been rejected for military service? _____ If so, state details:

I hereby grant permission to a member of the Commission on Chaplains to review my military record when the commission 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 enough to evaluate your ministry, talents, list one of each category below:

Name:

Address:

Phone Number:

District Official: _____

Minister/ Pastor: _____

College: _____

Seminary: _____

Other: _____

Other: _____

H. DISCUSSION

Applicant please discuss the following topics on additional paper:

- a. Describe your calling to the chaplaincy.
- b. How have you prepared yourself for the chaplaincy?
- c. What do you see as the role 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. Prepare a two page, single spaced testimony of yourself and attach it with this application
- h. Have your spouse complete a two page, single spaced testimony of their spiritual walk and their support of your going into the chaplaincy.

This is critical in making sure the spouse agrees with your ministry as a chaplain

Hers/ his should include:

- a. What does it mean to be a ministers spouse?
- b. What is your understanding of the military chaplain?
- c. What do you see as your role in the military chaplaincy?
- d. What do you see as your role when your spouse is away on military deployments?
- e. Do you feel that your support of your spouse will be demeaning to you or a spiritual walk for you?

It is critical for each chaplain to have a clear theology of ministry with solid scriptural support, due to the pluralistic (multi-denominational) setting, and the extremely secular context in which ministry is accomplished.

Please present an in-depth paper (as clearly and concisely as you can), on your theology of ministry, as per the following instructions. You are asked to address the following issues with the conclusions being supported by your solid scriptural understanding. (Keep in mind your context for ministry within the particular area of chaplaincy for which you are seeking endorsement).

The following areas should be addressed:

- A. Present basic statement of what you understand ministry to be.
- B. What is the church? How does your concept of church relate to the pluralistic demands of the chaplaincy? How will you maintain your denominational uniqueness and traditions within this pluralistic setting?
- C. What is the mission of the church? How will being a chaplain facilitate or help to accomplish that mission? How would you justify your existence as a chaplain within a secular institution?

Please enclose the application fee (\$125.00) which is non-refundable. This is used to process your application and also have a back ground check on you. This is required by law.

The next few paragraphs are a requirement for having this commission endorse you.
Please read them carefully before you initial them:

Initial
In making this application I _____ recognize the Commission on Chaplains, of the Pentecostal Church of God, to be the agency designated to endorse chaplains to the various military and VA chaplaincies.

Initial
I _____ voluntarily and knowingly authorize the Pentecostal Church of God Commission on Chaplains to contact the personal references (individuals named by me on my application form and other individuals suggested by other sources), determining whether to appoint me as a chaplain or chaplain trainee.

Initial
I _____ expressly authorize my references, so contacted, to respond fully to any and all questions regarding my fitness and competence for the chaplaincy.

Initial
I _____ agree to abide by the agency's decision and, if appointed, to cooperate fully with said Commission on Chaplains in carrying out its policies and programs.

Initial
I _____ agree to support this Commission with my tithes, and will submit reports as required by the Commission, updating relevant information.

Initial
I _____ also recognize that the agency that has the responsibility to make denominational endorsements also has the right to withdraw denominational endorsement. Should I prove by temperament, disposition, attitude, doctrine, or other reasons unsuited for the Pentecostal Church of God Chaplaincy, and should the Commission on Chaplains decide that my denominational endorsement should be withdrawn, I agree to abide by its decision.

Initial
I _____ voluntarily waive any right to access to confidential recommendations respecting my endorsement or approval.

Date: _____

Signature _____