



# MIDWEST CHAPLAINS

*"Lets you touch hurting people with the Kingdom of God"*

## MEMBERSHIP APPLICATION (Please print or type)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ Primary-Circle One: work – home – cell

(\_\_\_\_) \_\_\_\_\_ Secondary-Circle One: work – home – cell

EMAIL ADDRESS: \_\_\_\_\_

WEB SITE ADDRESS: www. \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

### AREA OF INTERESTS (Check all that apply)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Campus            | <input type="checkbox"/> Sport        |
| <input type="checkbox"/> Correctional      | <input type="checkbox"/> Police       |
| <input type="checkbox"/> Sheriff           | <input type="checkbox"/> Fire         |
| <input type="checkbox"/> Nursing home      | <input type="checkbox"/> Hospital     |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Military     |
| <input type="checkbox"/> Community         | <input type="checkbox"/> Other: _____ |

SPECIFIC GIFTING (evangelism, teaching, etc.): \_\_\_\_\_

DO YOU CURRENTLY WORK IN A DEPARTMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU DESIRE TO WORK IN A DEPARTMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

### WORK RECORD WITH POLICE, SHERIFF, etc. DEPARTMENTS:

Type of Department (police, fire, FBI, etc.): \_\_\_\_\_

Department Size: Number of Officers Sworn In: \_\_\_\_\_ Number of Civilians: \_\_\_\_\_

Type of Employment: Full-Time (Salaried) \_\_\_\_\_ Part-Time (Paid) \_\_\_\_\_ Volunteer \_\_\_\_\_

### RECORD OF PAST CHAPLAINCY TRAINING: Attach separate piece of paper if needed.

Training Taken: \_\_\_\_\_ Place Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Training Taken: \_\_\_\_\_ Place Taken: \_\_\_\_\_ Date: \_\_\_\_\_

YEARS IN MINISTRY: \_\_\_\_\_ YEARS OF CHAPLAINCY: \_\_\_\_\_



# MIDWEST CHAPLAINS

Current Status: \_\_\_\_\_ Ordained – Year Ordained: \_\_\_\_\_  
 \_\_\_\_\_ Licensed  
 \_\_\_\_\_ Liaison Officer  
 \_\_\_\_\_ Other – Please Explain: \_\_\_\_\_

## EDUCATION:

Name of High School: \_\_\_\_\_ Year Grad: \_\_\_\_\_

Name of College: \_\_\_\_\_ Name of Degree: \_\_\_\_\_ Year Grad: \_\_\_\_\_

Name of Seminary: \_\_\_\_\_ Name of Degree: \_\_\_\_\_ Year Grad: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_ Name of Degree: \_\_\_\_\_ Year Grad: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME (if applicable): \_\_\_\_\_

CRIMINAL BACKGROUD: Have you ever been convicted of a felony offense or do you currently have a felony charge pending in any state or country? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

***I understand that misrepresentation or deliberate omission of a fact in my application may be justification for refusal or termination of membership with Midwest Chaplains.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Membership will not be processed unless the following items are included with this application:**

1. Photocopy of your driver's license
2. Copy of verification of a criminal background check if completed by your department. N/A \_\_\_\_\_
3. Copy of a [Letter of Appointment](#) or endorsement by a police, fire, etc. department. N/A \_\_\_\_\_
4. Copy of a [Letters of Endorsement](#) from your pastor and your pastor's oversight.
5. Check for [Application Fee](#) (in U.S. funds) made out to Midwest Chaplains. Of which \$25 is non refundable, if you're not accepted, for processing your application. (No Cash Payments)

### Note:

- Your [Annual Membership Fee](#) of \$120 is not due until January 1st.
- Your full [Membership Process](#) can be viewed on our web site.

### SEND COMPLETED APPLICATION TO:

**Midwest Chaplains  
 12936 Portland Ave S  
 Burnsville MN 55337-3521**

Rev. Mar-08

|  |
|--|
| <p style="text-align: center;">Office use only:</p> <input type="checkbox"/> Application in full<br><input type="checkbox"/> <a href="#">Application Fee</a> \$ _____<br><input type="checkbox"/> Driver's License Copy<br><input type="checkbox"/> <a href="#">Letters of Endorsement</a><br><input type="checkbox"/> <a href="#">Letter of Appointment</a><br><input type="checkbox"/> <a href="#">Scheduled Interview</a><br><input type="checkbox"/> Criminal Background<br><input type="checkbox"/> Personal Web Info/Bio<br><input type="checkbox"/> Digital Photo Emailed<br><input type="checkbox"/> Letter of Accept/Reject |
|--|