



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: _____

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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 BACKGROUND: 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. Copy of verification of a criminal background check if completed by your department. N/A _____
2. Copy of a letter of appointment or endorsement by a police, fire, etc. department. N/A _____
3. Copy of your driver's license
4. Copy of a letter of endorsement from your pastor
5. Copy of a letter of endorsement from your pastor's oversight
6. Check for \$100 annual membership dues (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)

SEND COMPLETED APPLICATION TO:

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

Office use only:

- App in full
- Driver's License
- Criminal Background
- Letter of Appointment
- Lt from Pastor
- Lt from Oversight
- Annual Due
- Digital Photo
- Personal Web Info/Bio

Rev. Apr-07