

Chattanooga Police Department Volunteer Chaplain Program Application

Name _____

Address _____

Phone: Home _____ cell _____

E-mail _____

Driver's License# _____ DOB _____

Church/Synagogue/Mosque currently attending _____

How many years of pastoral experience do you have? _____

Please list the dates and contact information for verification purposes.

Dates: From _____ to _____

Church name _____

Phone _____

E-mail _____

City _____ State _____ zip _____

Dates: From _____ to _____

Church name _____

Phone _____

E-mail _____

City _____ State _____ zip _____

Dates: From _____ to _____

Church name _____

Phone _____

E-mail _____

City _____ State _____ zip _____

How do you see your role in serving as a volunteer chaplain for the Chattanooga Police Department?

What experience have you had in counseling individuals?

What level of education do you have?

Emergency contact name _____ Phone _____

Do you realize that service to employees of the Chattanooga Police Department is to be non-sectarian in nature? ____

Is there anything in your background that if discovered would bring embarrassment to the Chattanooga Police Department?

Are you willing to submit to a thorough back ground check _____?

Are you available to commit to at least 8 hours of volunteer work each month to the Chattanooga Police Department Chaplain program _____?

What ministry activities are you presently involved with _____?

Pastors Name _____

May we contact your pastor as a reference _____?

If yes, please give contact information.

Name _____ Phone _____

Church name _____ E-mail _____

City _____ State _____ zip _____

How did you hear about the CPD Chaplaincy program _____?

Please circle the letter of the ministry role(s) in which you have served in the past.

Ministry Role Dates Served

a. Pastor _____

b. Chaplain: _____

Specify: Military, FBI, Police, Fire, etc. _____

c. Christian Counselor (Licensed/Certified): _____

Specify: Adult, Youth, Children _____

d. Trainer:

Crisis Intervention _____

Clinical Trauma _____

Disaster Response _____

e. Youth or Children's Ministry _____

f. Hospice Worker _____

g. Administrative Support _____

h. Prayer Intercessor _____

i. Marriage Ministry _____

J. Date of ordination _____ Ordaining organization _____

(Please provide copy of ordination credentials)

Please check one or more boxes below if you have had any of the ministry training or vocational experience listed.

Law Enforcement

Fire

Military Personnel

EMS

Christian Counselor

Pastor

Hospice Worker

Chaplain

- () Ministry Leader
- () Trained in Crisis Intervention

Please provide proof of training with this application (copy of certificates, identification cards, etc.).

Please explain any crisis or time of grief you have personally experienced in the past. (List dates.)

Please list three references we may contact (friends, business associates, etc.). *Do not* include family members or the senior or staff pastor listed above. You must have known the person for at least six months. For pastors who are applying, please include a spiritual mentor.

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ Email _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ Email _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ Email _____

By applying for consideration as a volunteer chaplain for the Chattanooga Police Department, I acknowledge my understanding and agreement that the selection of volunteers is at the sole discretion of the Chattanooga Police Chief or his/her designee based on an assessment of the overall qualifications of volunteer applicants and CPD requirements

Please include a résumé with this volunteer chaplain application.

Signature