



MIDWEST CHAPLAIN ASSOCIATION

Individual Application

APPLICANT INFORMATION

| | | | | | |
|--|--|------------------------------|-----------------------------|--|-----------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Cell Phone | | Work Phone | | Date Ordained/Licensed | |
| Level Applied for: Full <input type="checkbox"/> Associate <input type="checkbox"/> Affiliate <input type="checkbox"/> | | | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | |
| | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been a Chaplain before? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |

CURRENT MINISTRY POSITION

| | | | | | |
|--------------|----------|-----------------|------------------------------|-----------------------------|----------|
| Organization | | Address | | | |
| From | To | Full Time? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Position |
| Supervisor | | Title | | | |
| From | To | May we contact? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Work Phone | | Address | | | |
| Cell Phone | Comments | | | | |

REFERENCES

List two references. If you are not in the senior leadership position of your current ministry, one reference must be from the senior leader of that ministry. If you are the senior leader, one reference must be from another senior ministry leader who is familiar with your personal ministry history and one reference should be a member of the ministry's board.

| | | |
|-----------|--|---------------|
| Full Name | | Relationship |
| Ministry | | Phone () |
| Address | | |
| Full Name | | Relationship |
| Ministry | | Phone () |
| Address | | |

| MILITARY SERVICE | |
|----------------------------------|------------------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| EDUCATION | | DEGREE | YEAR |
|------------------|--|---------------|-------------|
| College: | | | |
| Seminary: | | | |
| Graduate: | | | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to being accepted as a Full, Associate, or Affiliate member, I understand that false or misleading information in my application or interview may result in denial of my application. | |
| Signature | Date |

Applicant Checklist

- Application - completed, signed, dated
- Application Fee - \$75.00 **USD ONLY**
- Criminal Background Verification (can be stated in Agency Appointment Letter)
- Agency Appointment
- Ecclesiastical Letter

Submit completed application, supporting documents, and your check for \$75.00 to:

**Midwest Chaplain Association
104018 Bales Ave
Kansas City, MO 64137**