



PRESBYTERIAN & REFORMED  
 JOINT COMMISSION ON  
 CHAPLAINS & MILITARY PERSONNEL

## *Application for Civilian Chaplain Endorsement*

[\(Link to Application Instructions\)](#)

**Return to:** Douglas E. Lee, Executive Director, PRJC, 6613 Thurlton Drive, Alexandria, VA 22315

Cell: 678-701-5151 / FAX: 703-719-6685

**PRINTED NAME IN FULL:** \_\_\_\_\_

SSN \_\_\_\_\_ DATE \_\_\_\_\_

**Applying for (Check one):**

(Attach Photo Here)      Veterans Administration    ( )    Other Civilian Chaplaincy    ( )

Civilian Specialty: \_\_\_\_\_

Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1. Denomination:** \_\_\_ KAPC \_\_\_ KPCA \_\_\_ OPC \_\_\_ PCA \_\_\_ RPCNA \_\_\_ URCNA \_\_\_ Other(\_\_\_\_)

**2. Presbytery:** \_\_\_\_\_ **Member of** \_\_\_\_\_ **Church**

**3. Ordination** (include date, place, and ordaining authority): \_\_\_\_\_

**4. Date and place of birth:** \_\_\_\_\_

**5. If naturalized,** give date of final papers: \_\_\_\_\_

**6. Height:** \_\_\_\_\_ feet \_\_\_\_\_ inches    **Weight:** \_\_\_\_\_

**7. Marital status:** \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single

**8. Wife's name:** \_\_\_\_\_

**9. Children** (Names & Birth-years.): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. If you have had any military experience, provide past training or service info** (give branch, rate, rank & dates of service) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Education** (give full names of institutions and exact addresses. **Enclose transcripts for all completed courses – copies are acceptable**):

Name of College \_\_\_\_\_  
Address \_\_\_\_\_  
Dates you attended \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Degree granted: \_\_\_\_\_

Name of Seminary \_\_\_\_\_  
Address \_\_\_\_\_  
Dates you attended \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Degree Granted \_\_\_\_\_

Name of other school(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Dates you attended \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Degree(s) granted: \_\_\_\_\_

Are you currently a Board Certified Chaplain? Are you intending to pursue Board Certification? \_\_\_\_\_

Have you completed any CPE credits? If so, describe where you earned them, within which certifying body, the nature of your training, and how many units you have completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Pastorates served:**

<u>Name of Church</u>	<u>Address (City/ST)</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **Teaching experience**, if any. Give dates, names of schools, and subjects taught:

14. **Present Occupation.** If pastor, give name of church: \_\_\_\_\_

15. **Athletic experience:** \_\_\_\_\_ **Musical ability:** \_\_\_\_\_

16. **Business experience:** \_\_\_\_\_

If now employed in addition to your ministry, state relative amount of time given to it: \_\_\_\_\_

17. **To the best of your knowledge, can you say you are in excellent health and in good physical condition.**

\_\_\_\_ Yes \_\_\_\_\_ No (If 'No,' please explain) \_\_\_\_\_

**NOTE: If you are applying for an Ecclesiastical Endorsement to an unpaid (volunteer) position, please put VOLUNTEER in #18 and #20 below. Only a letter of "good standing" from your presbytery is required for volunteer positions (no references are required).**

18. **References.** Give four names and addresses to include two teaching elders and two ruling elders of your denomination. (Make 4 copies of enclosed reference forms; one for each reference)

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. **Attach additional information, if desired. Feel free to answer any of the above questions on extra pages.**

20. **In addition, please:**

- Enclose a **personal testimony** of approx. 200 words
- Enclose a **service fee** of \$50 or \$25 for subsequent endorsements. Please make checks payable to 'Chaplain Ministries.'

Don't hesitate to email or call - email to: [dlee@pcanet.org](mailto:dlee@pcanet.org); phone: (678) 701-5151)

Return completed application to Douglas Lee, 6613 Thurlton Drive, Alexandria, 22315



PRESBYTERIAN & REFORMED  
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## STATEMENT OF INTENT

I have read the PRJC Chaplains' Manual. Please check one below:

\_\_\_\_\_ My employer or certifying body requires an Ecclesiastical Endorsement/Approval. I agree to pay the monthly dues fee as set by the Presbyterian and Reformed Joint Commission on Chaplains and Military Personnel. The current fee schedule may be found in the PRJC Chaplains Manual, found on the PRJC website at [www.pca-mna.org/chaplainministries](http://www.pca-mna.org/chaplainministries) My initial endorsing fee of \$50.00 has been sent to MNA, 1700 North Brown Road, Suite 101, Lawrenceville, GA 30043.

\_\_\_\_\_ My employer or certifying body does not require an Ecclesiastical Endorsement/Approval. I understand, therefore, that I am not required to pay dues; however, I do understand that an annual gift to Chaplain Ministries would be appreciated.

\_\_\_\_\_ I serve in an unpaid/volunteer position, so I am not required to pay dues, however, I do understand that an annual gift to Chaplain Ministries would be appreciated.

In addition, I agree to provide the required ministry reports which are to be furnished to the Executive/Associate Directors, my Presbytery, and my supporting churches. (Reports for VA and other full-time civilian chaplains are required at least every calendar year quarter. Part-time and volunteer chaplains are required to send a report at least annually, more often is preferred. When I am hired as a Civilian Chaplain, I will immediately inform my Endorser, and assist the Executive Director in enlisting congregational and individual prayer support and sponsors. I agree to update the PRJC administrative assistant each time my contact info or family situation changes (married, new children, etc.).

I have discussed the above topics with the Executive and/or Associate Directors of the PRJC.

Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### REFERENCE FORM

**(Required for full-time, paid positions only)**

**Return to: Douglas E. Lee**, Executive Director, 6613 Thurlton Drive, Alexandria, VA 22315

(678) 701-5151 phone, (703) 719-6685 fax

**Regarding: (Name of Applicant)** \_\_\_\_\_

**Elder's Name, Address, Phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above named individual is applying for ecclesiastical endorsement as a chaplain. He has given your name as a reference, and we are asking your assistance in estimating his qualifications. In addition to the basic requirements of physical fitness, education, and successful ministry experience, it is essential that candidates shall be of strong moral and spiritual character, equipped and called to serve as a chaplain, representing our Lord Jesus Christ and our Church.

It is possible that you cannot reply to all questions. If you have no knowledge or opinion on any matter, please indicate by a dash after the question. But please reply as completely as possible, being entirely honest and candid. If your answers will not fit in the allotted space, please use the back of this form to complete your thoughts on the subject. What you write is confidential and will not be communicated to the candidate or go outside the commission.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

2. Is he a college graduate ( ) seminary graduate ( )? Seminary: \_\_\_\_\_

**In your opinion:**

3. Does he show a genuine concern for people? \_\_\_\_\_

4. Has he been successful in working with people? \_\_\_\_\_

5. Would you say his Christian convictions are deep-rooted? \_\_\_\_\_

6. Does he seem to have a constructive Gospel message to young people? \_\_\_\_\_

7. Does his preaching hold the interest of those listening? \_\_\_\_\_

8. Has he any special gifts or experiences that would add to his effectiveness as a Chaplain? \_\_\_\_\_

\_\_\_\_\_

9. Has he any eccentricities that may hamper his effectiveness? \_\_\_\_\_

\_\_\_\_\_

10. Please indicate, using numbers 1 through 5, with the highest being 5, the applicant's emphasis in the following areas as regards his preaching and teaching:

Evangelistic ( ) Doctrinal ( ) Devotional ( ) Social Concerns ( )

Personal and family relationships ( )

11. Please check the columns below with your candid estimate of the candidate's personal qualities:

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>Notes:</u>
Spoken English	( )	( )	( )	( )	
Written English	( )	( )	( )	( )	
Health	( )	( )	( )	( )	
Voice	( )	( )	( )	( )	
Mental Abilities	( )	( )	( )	( )	
Sense of Humor	( )	( )	( )	( )	
Refinement	( )	( )	( )	( )	
Tact	( )	( )	( )	( )	
Initiative	( )	( )	( )	( )	
Cooperativeness	( )	( )	( )	( )	
Emotional Stability	( )	( )	( )	( )	
Moral Stability	( )	( )	( )	( )	
Common Sense	( )	( )	( )	( )	
Physical Appearance	( )	( )	( )	( )	
Leadership Ability	( )	( )	( )	( )	
Spiritual Maturity	( )	( )	( )	( )	

12. Has he or his family any personal, domestic, or social handicaps, which would put him at a disadvantage as a Chaplain? \_\_\_\_\_

13. Is he financially responsible? Does he exercise Biblical stewardship? \_\_\_\_\_

14. If the applicant is married is his domestic life congenial? Is he the head of the family?  
\_\_\_\_\_

15. If the applicant is married will his wife sympathize with and help him in his work as Chaplain?  
\_\_\_\_\_

16. Would you recommend him as a candidate for the Chaplaincy? \_\_\_\_\_

17. Additional Information you wish to include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. If possible, please provide include names and phone numbers of two other individuals who know the applicant well:

(1) Name \_\_\_\_\_ Position \_\_\_\_\_  
Phones \_\_\_\_\_

(2) Name \_\_\_\_\_ Position \_\_\_\_\_  
Phones \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Current Occupation: \_\_\_\_\_

WE VERY MUCH APPRECIATE YOUR HELP.

*Endorsing Agency for:*

The Korean-American Presbyterian Church • The Orthodox Presbyterian Church • The Presbyterian Church in America

•The Reformed Presbyterian Church of North America •The Korean Presbyterian Church in America • United

Reformed Churches in North America

**A SAMPLE LETTER FOR PRESBYTERY ENDORSEMENTS  
TO CIVILIAN CHAPLAIN MINISTRY**

(You may include additional information or use another format, if desired. However, all information included in the “sample” must be included in your letter. Please put the letter on your presbytery letterhead.)

Date

Presbyterian and Reformed Joint Commission on Chaplains and Military Personnel (PRJC)

ATTN: Douglas E. Lee

6613 Thurlton Drive

Alexandria, VA 22315

Dear Doug,

The (name of presbytery) of (name of denomination) hereby approves (name of applicant) in his application for Civilian Chaplaincy.

Mr. (name of applicant) is a member in good standing of (name of presbytery) and was (licensed, ordained, or taken under care) on (date). When Mr. (name of applicant) is actually hired as a chaplain, he is also appointed by (name of presbytery) to the work of an evangelist, according to our Book of Church Order, Chapter 8-6.

Signed by Clerk of Presbytery or Chairman of appropriate Presbytery committee

(Name and title typed or printed below)



PRESBYTERIAN & REFORMED  
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## REPORT OF PERSONAL INTERVIEW

For Endorsed Civilian Chaplain Applicants

**To the Interviewer:** Thank you for conducting this interview. Your candid observations are essential to identify the best potential chaplains. Please complete Part I and, if the interview is for Civilian Chaplaincy, Part II during the interview. Complete Part III immediately afterward, as you reflect on your impressions of the applicant. Keep a copy for your file, and send the original to:

**Douglas E. Lee**

**Executive Director, PRJC**

**6613 Thurlton Drive, Alexandria, VA 22315**

<b>PART I. FILL OUT THIS PART FOR ALL APPLICANTS</b>
------------------------------------------------------

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Children's Names and Birth years: \_\_\_\_\_

*Type of Chaplaincy for which you are applying: (check all that apply)*

**Civilian Chaplain**

- Corrections
- Hospital
- Industrial
- Police/Fire
- Retirement Community
- Hospice
- Addiction Center
- VA Administration
- Other \_\_\_\_\_

1. Academic Preparation:

Baccalaureate: Name of School Granting Degree: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Degree and Major: \_\_\_\_\_  
Year Granted: \_\_\_\_\_

M. Div: Name of School Granting Degree: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Year M.Div. Granted: \_\_\_\_\_

Other Graduate Degrees: Name of School Granting Degree: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Degree and Major: \_\_\_\_\_  
Year Granted: \_\_\_\_\_

2. Pastoral Experience:

- Denomination: \_\_\_ KAPC \_\_\_ KPCA \_\_\_ OPC \_\_\_ PCA \_\_\_ RPCNA \_\_\_ URCNA \_\_\_ Other(\_\_\_\_\_)

- Presbytery: \_\_\_\_\_ Location: \_\_\_\_\_

- Congregation Membership \_\_\_\_\_

- You have served as (check all that apply):  
\_\_\_\_ Pastor (dates) \_\_\_\_\_  
\_\_\_\_ Elder (dates) \_\_\_\_\_  
\_\_\_\_ Deacon (dates) \_\_\_\_\_  
\_\_\_\_ Missionary/Church Planter/Evangelist (dates) \_\_\_\_\_  
\_\_\_\_ Other \_\_\_\_\_

3. Subjectively, how would you describe your pastoral experience(s) to date (check all that apply):

- My ministry has generally been \_\_\_\_\_ fruitful \_\_\_\_\_ unfruitful
- I have been generally \_\_\_\_\_ happy \_\_\_\_\_ unhappy in my pastorate
- My family has been generally \_\_\_\_\_ happy \_\_\_\_\_ unhappy in my pastorate.

Comments: \_\_\_\_\_

\_\_\_\_\_

4. What circumstances has God used to bring you to apply for the Chaplaincy? \_\_\_\_\_

\_\_\_\_\_

5. What goals do you have in pursuing chaplain ministry? \_\_\_\_\_

\_\_\_\_\_

6. What spiritual gifts do you bring to the chaplain ministry? \_\_\_\_\_

\_\_\_\_\_

7. Have your family members expressed opinions on your pursuing chaplain ministry?

No.

Yes. Key people in my family are all supportive of this endeavor.

Yes. Key people in my family are not supportive of this endeavor.

8. Family issues needing resolution before you enter the Chaplaincy include: \_\_\_\_\_

\_\_\_\_\_

9. Are you in good health?  Yes.  No, I suffer from \_\_\_\_\_

\_\_\_\_\_

10. What personal or family health issues, if any, will influence your ability to minister as a chaplain?

\_\_\_\_\_

11. As a chaplain, will you:

Stay in regular contact with your denomination and presbytery?  Yes  No

Support the work of the Commission with the required professional endorsement fees?  Yes  No

Submit all required reports to the Commission in a timely way?  Yes  No

12. American culture is pluralistic. Diverse ethnic, racial, religious, and social groups participate in and develop their particular traditions and interest within the confines of our common civilization. What contributions do you intend to make to your pluralistic culture as a distinctly Reformed and Presbyterian chaplain?

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13. Ministry in a pluralistic setting gives many chaplains ample opportunity for interpersonal friction and even overt conflict between peers, superiors, and subordinates. Reflect on your ability to cooperate with chaplains and others of radically different convictions, and to do so without compromising your own.

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14. How will you respond if you as a chaplain are directed to perform in a manner contrary to your convictions and/or denominational tenets? \_\_\_\_\_

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15. Is there anything else I should know about your fitness to serve as a chaplain? \_\_\_\_\_

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16. Are there any moral, financial or legal issues that might impact your acceptability as a future chaplain?

\_\_\_\_\_ No \_\_\_\_\_ Yes (Please explain)\_\_\_\_\_

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*This concludes your interview*

**Notes:**

**PART III. FOR THE INTERVIEWER ONLY**

Please comment on the following:

	<u>Poor</u>	<u>Satisfactory</u>	<u>Excellent</u>
Applicant's use of English	_____	_____	_____
Applicant's clarity of expression	_____	_____	_____
Applicant's bearing and posture	_____	_____	_____
Applicant's grooming	_____	_____	_____
Applicant's poise under pressure of interview	_____	_____	_____

**I \_\_\_\_\_ DO \_\_\_\_\_ DON'T judge this applicant to be fully qualified for endorsement as a Civilian Chaplain.**

**Comments:**

_____	_____	_____
Interviewer's Signature	Date of Interview	Place of Interview

Please send this signed and completed Interview Form to:

Douglas E. Lee, Executive Director, PRJC  
 6613 Thurlton Drive, Alexandria, VA 22315  
 Or fax it to: 703-719-6685  
 Or scan and email it to [dlee@pcanet.org](mailto:dlee@pcanet.org)