



PRESBYTERIAN & REFORMED COMMISSION ON CHAPLAINS

Endorsing Agency for: The Associate Reformed Presbyterian Church (ARPC) • The Korean-American Presbyterian Church (KAPC) The Korean Presbyterian Church in America – Kosin (KPCA) • The Orthodox Presbyterian Church (OPC) The Presbyterian Church in America (PCA) • The Reformed Presbyterian Church of North America (RPCNA) United Reformed Churches in North America (URCNA)

Civilian Chaplain Application

Return this form and all required documents using one of these methods:

1. Fill PDF, Digitally Sign and email to ChaplainMinistries@pcanet.org.
2. Fill PDF, Print, Wet Sign, Scan and email to ChaplainMinistries@pcanet.org. (Encrypt before sending if you prefer additional security.)
3. If you have questions, please call 678-825-1251 or email ChaplainMinistries@pcanet.org. Please do not send any paper application documents to the PRCC.

Applicants should retain original documents for their personal records.

Full Name: _____ Date: _____

SSN: _____

Applying for (Check one):

Civilian Chaplain

- | | |
|---|--|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Police/Fire |
| <input type="checkbox"/> Retirement Community | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Addiction Center | <input type="checkbox"/> VA Administration |
| <input type="checkbox"/> Other _____ | |

Address: _____ City: _____ State: _____ Zip: _____

Phone (Cell): _____ (Work): _____ (Home): _____

E-Mail Address: _____

1. Denomination: ARPC KAPC KPCA OPC PCA RPCNA URCNA
2. Presbytery: _____ Member of or attending Church: _____
3. Ordination (include date, place, and ordaining authority): _____
4. Date of Birth: _____ 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. Number of Children & ages:

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 your seminary MDiv courses – copies are acceptable**):

Name of College: _____

Degree and date: _____

Name of Seminary: _____

Dates you attended: _____

Did you graduate? Yes No Degree Granted: _____

Name of other school(s): _____

Dates you attended: _____

Did you graduate? Yes No Degree(s) granted: _____

12. Are you currently a Board Certified Chaplain? Yes No

Are you intending to pursue Board Certification? Yes No

Have you completed any CPE credits? Yes No

of CPE units completed: _____

If so, describe where you earned them, within which certifying body (e.g., ACPE, CPSP, etc.):

13. Pastorates Served:

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

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

15. **Present Occupation.** If pastor, give name of church: _____

Are you currently serving as a Civilian Chaplain? Yes No

If so, are you Full-time (paid), Part-time (paid), or Unpaid Volunteer?

16. **Athletic experience:** _____ **Musical ability:** _____

17. **Business experience:** _____

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

18. **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) _____

19. **References.**

Find 4 men (two teaching elders and two ruling elders of your denomination) and send them each the attached reference forms. Ask them to send their completed reference forms directly to ChaplainMinistries@pcanet.org

20. Attach additional information, if desired. and answer any of the above questions on extra pages.

21. Ask your presbytery clerk to send an email to ChaplainMinistries@pcanet.org declaring you are a "member in good standing" in _____ Presbytery.

22. **In addition, please:**

† Enclose/send a **personal testimony** of approx. 200 words

† Enclose/send a **one-page paper on "What is Reformed Theology?"**

† Send an **initial endorsement service fee** of \$100.00 (\$25.00 if an unpaid volunteer Chaplain) to:

MNA
P.O. Box 890233
Charlotte, NC 28289-0233

Please make check payable to 'Chaplain Ministries' and note that the payment is for the Application Fee. You may also submit an online gift on our www.PRCC.co website "Support This Ministry" for this fee. Send your online receipt to ChaplainMinistries@pcanet.org



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Endorsing Agency for: The Associate Reformed Presbyterian Church • 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
• The United Reformed Churches in North America

Civilian Chaplain Statement of Intent

Please initial **ONE** of the statements below to indicate which applies to you:

_____ My employer or certifying body **requires** an Ecclesiastical Endorsement. I agree to pay the initial endorsing fee and the annual dues amount as set by the PRCC (found in the PRCC Chaplains Manual, online at www.prcc.co.) My initial endorsing fee of \$100.00 has been sent to MNA, P.O. Box 89023, Charlotte, NC 28289-0233 or paid online. Volunteer (unpaid) Chaplains pay no dues, but the Application fee is \$25.00

_____ My employer or certifying body **does not require** an Ecclesiastical Endorsement, but **I want to receive** an Ecclesiastical Endorsement. I agree to pay the initial endorsing fee and the annual dues amount as set by the PRCC (found in the PRCC Chaplains Manual, online at www.prcc.co.) My initial endorsing fee of \$100.00 has been sent to MNA, P.O. Box 89023, Charlotte, NC 28289-0233 or paid online. Volunteer (unpaid) Chaplains pay no dues, but the Application fee is \$25.00

_____ I am requesting a **Conditional Ecclesiastical Endorsement** for the purpose of applying for a chaplain position, as a requirement for ordination or transfer of credentials set by my presbytery, or to enroll in a Clinical Pastoral Education (CPE) program. My initial endorsing fee of \$100.00 has been sent to MNA, P.O. Box 89023, Charlotte, NC 28289-0233 or paid online.

- *When I am hired as a civilian chaplain, ordained, or received as a member in good standing by my presbytery, I will inform my Endorser and I agree to pay the annual dues amount as set by the PRCC.*
- *I understand my Conditional Ecclesiastical Endorsement will expire after six months and can be extended one time upon written request and without a subsequent fee. After one year, a Conditional Ecclesiastical Endorsement may be reissued upon written request, review by, and approval of the PRCC staff (new paperwork and fee may be required).*

Please initial **ALL** of the statements below to indicate your agreement:

_____ I have read the PRCC Chaplains Manual (available online at www.prcc.co)

_____ I agree to provide the required ministry reports which are to be furnished to the Executive/Associate Directors, my presbytery, and my supporting churches.

_____ I agree to assist the PRCC with enlisting congregational and individual prayer support and sponsors.

_____ I will update the PRCC Administrative Assistant each time my contact information or family situation changes (address/phone/email changes, marriage, new children, etc.).

_____ I have discussed the above topics with the Executive Director and/or Civilian Associate Endorser of the PRCC.

Printed Full Name: _____

Signed: _____ Date: _____

PRCC Background Check Authorization

Applicant,

As required by the PRCC Chaplain Commission, the last step in processing an application to be a PRCC chaplain is for us to run a criminal background, credit, and driving check on every applicant.

Please complete this form and email it to ChapainMinistries@pcanet.org. Keep the original in your files.

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Email Address: _____

Social Security Number: _____

DOB: _____

Phone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the PRCC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to PRCC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**The PRCC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Massachusetts, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



Presbyterian and Reformed Commission on Chaplains

All PRCC Chaplaincy Applicants

AUTHORIZATION and RELEASE

Dr. James R. Carter
Executive Director & Endorser
CH (COL) USA, Ret.
jcarter@pcanet.org
954.850.2448

Dr. Dwight Horn
CAPT, CHC, USN, Ret.
Ministry to Military Personnel
Associate Endorser - Military
dhorn@pcanet.org
760.390.8091

Dr. Donald Sampson
Col, USMC, Ret.
Associate Endorser - Military
dsampson@pcanet.org
703.901.1643

Dr. Michael Stewart, BCC
APC Board Certified
Associate Endorser - Civilian
mstewart@pcanet.org
706.329.3600

Rev. Charlie Dey, BCC
Ch, Maj, ANG
Associate Endorser -
Administration
cdey@pcanet.org
314.299.3363

Mrs. Bekah Lawing
Communications &
Administrative Specialist
blawing@pcanet.org
803.420.4931

www.PRCC.co
1670 Springdale Dr.
Ste. 11A, PMB #164
Camden, SC 29020
678.825.1251
FAX: 678.825.1252

I hereby authorize any civilian agency, Department of Defense agency, military department, military chief of chaplains, and their respective office, organization, or supervisor, whether military or civilian, to provide any and all non-medical information related to my service, including, but not limited to, opinions concerning my character or fitness for ministry, (including unfavorable information, if any) to the Executive Director of the PRCC), and I hereby release any individual or civilian agency, any Department of Defense agency, military department, military chief of chaplains, and their respective office, organization or supervisor, whether military or civilian, providing such information, from any and all liability for damages of whatever kind or nature which may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information. This authorization and release is given in consideration of the review of my application for endorsement or the continuation of endorsement. A scan, facsimile, or photocopy of this authorization shall be valid as an original. This authorization and release shall be valid from date of execution for as long as I remain on the roster of the PRCC.

Name: _____

Signature: _____

Date: _____

PRCC Civilian Chaplain Dues

(Chaplains employed by a federal government agency should contact Charlie Dey regarding the amount of their annual dues.)

Employment Status	Dues Amount
Full Time (30+ hours per week)	\$360 year / \$30 month
Part Time (less than 30 hours per week)	\$180 year / \$15 month
Volunteer	Volunteer Chaplains Pay no dues

Dues may be paid with a lump sum payment or monthly payments, including automated electronic payments. It is recommended that you set up auto-payments of dues with either a credit card or your checking account. Simply go to the PRCC website (www.prcc.co), select Donate to Chaplain Ministries, open an account, and then manage your dues payments from there any way you prefer. All payments/donations to MNA from Endorsed Chaplains are posted to your dues, once your dues amount is paid any payments beyond that amount are treated as gifts to the PRCC. Contact Charlie Dey cdey@pcanet.org if you have questions regarding payment options.

Chaplains are encouraged to approach their church (home church or the one they regularly attend) about paying the annual dues amount for them as a way to support and encourage the chaplain in their ministry.

Dues payments payable to “Chaplain Ministries” can be mailed to:

MNA
P.O. Box 890233
Charlotte, NC 28289-0233