



# APPLICATION OF ADMISSION

\* EVERY CHAPLAIN MUST PAY THE ANNUAL MEMBERSHIP \*

Legal name: Sr. \_\_\_\_\_  
Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_  
Last Name Name Second Name  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Postal Code

E-Mail: \_\_\_\_\_ Citizenship:  USA  Canada  Other \_\_\_\_\_

If you are not a citizen of the United States, are you a permanent resident?  Yes  No

Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Employ: (\_\_\_\_) \_\_\_\_\_

Civil Status  Married Name of husband/wife: \_\_\_\_\_  
 Single  Widower  Separated  Divorced  Father or single Mother

## Information for Admission

- Hospital Chaplaincy
- Prison Chaplaincy
- Chaplaincy
- Social Chaplaincy
- Military Chaplaincy
- Educational Chaplaincy
- Sports Chaplaincy
- Rehabilitation Chaplaincy
- Chaplaincy of natural disaster
- Police chaplaincy
- Public Order Chaplaincy
- Ground transit chaplaincy
- University Chaplaincy
- Pastoral care chaplaincy

## Education

List all the universities, biblical institutes, or technical schools attended.

Name of Secondary School: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Postal Code





School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Diploma Received: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Postal Code

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Diploma Received: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Postal Code

## Personal information

Has any member of your family applied to Chaplains of Florida?  Yes  No

Name and Relationship: \_\_\_\_\_

Have you confessed Jesus Christ as your Savior?  Yes  NO When? \_\_\_\_\_

Are you a member of a Church?  Yes  NO Do you attend regularly?  Yes  NO

Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Name of the Church: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

I have read the Chaplains of Florida requirements and have seen the Chaplains of Florida website and I agree to abide by the standards set forth therein and have told the truth with the best of my skills in this application. I give permission to Chaplains of Florida to order and review records from other educational institutions that I have previously attended and at the discretion of Chaplains of Florida it may request a recommendation from the Pastor or community leader. I also give permission to Chaplains of Florida and their representatives to use photographs or videos that include me for instructional and promotional purposes.

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\* Be sure to include your registration fee \* \_\_\_\_\_

## Important information

- I declare through this application that I do not have a criminal record or have been accused of any criminal act.
- If I no longer belong to Chaplains of Florida or the membership expires I must return the badge, ID and all applicable Chaplains of Florida documents to the main office.
- The garments (uniform, badge, hat among others) are property of Chaplains of Florida.



# For office use



\_\_\_\_\_  
(Recommended certificate name)

\_\_\_\_\_  
(Write the student's name as it  
should appear on the certificate)

\_\_\_\_\_  
(Student Social Security)

\_\_\_\_\_  
Address of the student or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal Code

After reviewing the above information, the recommended certificate has been

Accepted \_\_\_\_\_ Or, Denied \_\_\_\_\_

\_\_\_\_\_  
Dean - School Representative

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
President

\_\_\_\_\_  
Witness signature

