



THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

CUMBERLAND PRESBYTERIAN CHURCH  
PRESBYTERIAN CHURCH (U.S.A.)

CUMBERLAND PRESBYTERIAN CHURCH IN AMERICA  
KOREAN PRESBYTERIAN CHURCH ABROAD

4125 NEBRASKA AVENUE, N.W., WASHINGTON D.C. 20016-2790 – TEL. 202-630-6225

APPLICATION FOR CHAPLAIN CANDIDATE APPROVAL

THIS FORM IS FOR INDIVIDUALS WHO ARE IN SEMINARY PROGRAMS

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last) (Soc. Sec. No.)

I am under care of The Presbytery of \_\_\_\_\_ In the \_\_\_\_\_  
(Presbytery) (Denomination)

I am currently enrolled at \_\_\_\_\_  
(Seminary)

My anticipated date of graduation is: \_\_\_\_\_

I would like approval to participate in the Candidate Program for the \_\_\_\_\_

You must have your Presbytery approval for the Candidate Program.

A. Biographical Information

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Your permanent address might be your parent home or a place where you reside outside of the school year. This varies from person to person, but essentially it is an address where we could track you down if we lose contact with you during your seminary years.)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a US Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Children Names Date of Births  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Education**

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_  
Other School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_  
Other specialties and/or training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Ecclesiastical Status**

I am currently a Inquire \_\_\_\_\_ Candidate for Ministry: \_\_\_\_\_ As of Date: \_\_\_\_\_

If you are currently working with a church or have worked with a church, please provide the following information:

Present Position: \_\_\_\_\_

Current Employer/Church: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Work History:

Church/Employer/Institution	Position	Location (City/State)	Dates

Chaplain Candidates must maintain high personal and moral standards, can you answer yes to the following:

I believe I can receive a favorable military medical examination. (If you have a chronic medical condition, please let us know.)

I believe I can receive a favorable National Agency Check (Security Clearance).

I believe I can pass a military physical fitness test and maintain fitness standards.

**D. Military or Veteran Information**

Have you filed a Military application \_\_\_\_\_ Where? \_\_\_\_\_

Prior military service: \_\_\_\_\_  
(please include branch, dates and rank/rate)

Present military status: \_\_\_\_\_  
(please include branch, dates and rank/rate)

**E. References:**

(Give names with appropriate titles- Mr., Ms., Dr., Rev., and include email address and phone number. A confidential appraisal form will be emailed to each reference listed. **Please request prior approval from each named reference** and emphasize confidentiality of the application if applicable. Sometimes individuals fill out this application prior to seminary. If you do not have a seminary professor to use, please use a college professor.)

1. Pastor of your home church: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Clerk of Session \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Lay member \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Seminary Professor: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## ***F. Additional items to include as part of your application***

---

1. Brief life sketch (approx. 2 pages). This maybe in a Word Document or Adobe file.
2. A statement of your motivations and reasons for wanting to serve as a chaplain. This may be in a Word Document or Adobe file.
3. College, and seminary (as of date) transcripts
4. Current photograph, jpeg format is requested

## ***G. Additional Information that you would like to have considered***

---

### ***H. Statement of Understanding:***

---

1. I understand that this is a discernment and validation process performed in participation and with consultation from my presbytery. As it is a discernment process, I understand that may take several days and or weeks depending on many factors to accomplish.
2. I recognize the authority of The Presbyterian Council for Chaplains and Military Personnel, representing the participating denominations, to grant, deny, or withdraw Ecclesiastical Approval. I also understand that I must maintain my relationship with my presbytery and PCCMP by submitting an annual report on completion of my military training period.
3. I understand that I will be interviewed by a representative of the Presbyterian Council.
4. I understand that the PCCMP will do a background check on me through "Protect My Ministry" and/or a similar organization.
5. I understand that the granting of Ecclesiastical Approval does not guarantee the granting of an Ecclesiastical Endorsement or acceptance by the Armed Forces.
6. I understand that I must submit an application for Ecclesiastical Endorsement for appointment as a chaplain upon graduation and ordination.  
**This application process does not meet the standard for Ecclesiastical Endorsement.**

### ***I. Release of Information Agreement:***

---

The use and purpose of this release of information form is to comply with the decision of the 1995 Annual Meeting of the Presbyterian Council for Chaplains and Military Personnel (PCCMP). All information provided will only be for the use of PCCMP in determining endorsement. No information will be released beyond the boundaries of PCCMP without the written approval of the individual named hereon. Voluntary release is a constituent part of endorsement. No Application for ecclesiastical endorsement or re-endorsement will be processed without this signed and dated document.

**Statement:** I authorize FULL release of any and all information requested, including and not limited by the Council on/about me to the Office of the Presbyterian Council for Chaplains and Military Personnel. I waive the Federal Privacy Act and all other impediments to the release of information having any bearing on ecclesiastical endorsement to the chaplaincy.

**Release of Psychological Testing Results (Voluntary):** If you have and are willing to release any psychological testing or personality type inventory, and are willing to release the interpretive synopsis to the Council, please secure these on your own initiative and forward them to the Council as an enclosure with your application.

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

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

This Application Is Not Complete Without All Items Listed in Section F and Must Be Signed.

Please follow the Adobe procedures for electronically signing this document.

If you are unable to sign it electronically, please print, sign and scan into an Adobe file then return it.