



School of Chaplaincy The Christian University

534 East 29th Street – Suite 1 – Paterson, NJ 07504
(973) 523-3966 www.thechristianuniversity.org

Dr. Peter Ramos – President

APPLICATION FOR CHAPLAINCY PROGRAM (Please print or type.)

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E mail: _____ Date of Birth: _____

Gender: Male _____ Female _____ Eye Color: _____ Height: _____ Weight: _____

Driver's License No: _____ State: _____

LEVEL OF CHAPLAINCY DESIRED (Please choose only one.)

Junior Chaplain Chaplain Assistant Ordained Chaplain Chaplain and Pastoral Care

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

FAMILY INFORMATION:

Single Married Separated Divorced Remarried Widowed

If married, spouse's name: _____

WORK AUTHORIZATION:

Are you legally authorized to work in the United States? Yes No

Social Security No.: _____ - _____ - _____

“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.” Matthew 25: 35-36

EDUCATIONAL BACKGROUND: (Please attach copies of diplomas/certificates and transcripts.)

High School: _____

Year Graduated: _____

College: _____ Year Graduated: _____

Major: _____

Bible Institute: _____

Years Completed: _____ Year Graduated: _____

Bible College or Seminary: _____

Degree received: _____ Year Graduated: _____

Special Training: _____

Courses taken: _____

Year completed: _____

CHURCH MEMBERSHIP: (Please attach copy of your membership card/certificate.)

Name of Church: _____

Address: _____

Name of Pastor: _____ Phone No: _____

Positions held: _____

EMPLOYMENT BACKGROUND:

Present Job: _____

Position: _____ Phone: _____

Previous Job: _____

Position: _____ Phone: _____

Previous Job: _____

Position: _____ Phone: _____

MILITARY BACKGROUND: (Please attach a copy of your military papers.)

Branch: _____ Dates: _____

Specialty: _____ Rank: _____ Date of Discharge: _____

SKILLS:

Computer Skills: _____

List any foreign language(s) you speak: Spanish Other: _____

Other: _____

CRIMINAL BACKGROUND:

Have you ever been convicted of a crime? Yes No

If yes, please provide details. _____

MINISTRY QUESTIONS:

Will you relocate, if the ministry requires it?

Yes No

Will you travel, if the ministry requires it?

Yes No

Are you willing to be on call 24 hours a day, 7 days a week?

Yes No

PLEASE DISCUSS THE FOLLOWING:

Your conversion experience: _____

Call to the Ministry: _____

Church Background: _____

PASTORAL ENDORSEMENT:

I hereby certify that _____ is in good standing with the local church and that he/she is in compliance with the bylaws of the church. My signature on this application affirms my approval of him/her attending the School of Chaplaincy of The Christian University and applying for chaplaincy credentials.

Pastor's Name: _____ Date: _____

Pastor's Signature: _____ Tel: _____

AGREEMENT:

I acknowledge and affirm that the information provided by me in this Application, including all attachments and exhibits, is true and correct to the best of my knowledge. I hereby authorize the School of Chaplaincy of The Christian University or its designee, to conduct a complete investigation of my background, character, reputation, and fitness. This application shall constitute authority to all of my past and present employers, to all educational institutions I have attended, to all religious institutions and other organizations to which I have been associated, to all government entities (including criminal records check), and to any other person or entity having information about me, to fully disclose such information to the School of Chaplaincy of The Christian University. I authorize the making and retention of photocopies or facsimiles of all such information, and request that photocopies or facsimile copies be accepted on the same basis as original documents.

Name: _____

Signature: _____ Date: _____