



*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 pages 1-5 and all required documents using one of these two methods:**

1. Create PDF print files of all application documents (Encrypt before sending if you prefer additional security) and send as attachments within emails to [ChaplainMinistries@pcanet.org](mailto:ChaplainMinistries@pcanet.org)
2. FAX your application documents to 678-825-1252 (a secure method of transfer)
3. If you have questions about this subject, please call us at 678-825-1251 or email your question(s) to [ChaplainMinistries@pcanet.org](mailto:ChaplainMinistries@pcanet.org) **Please do not send any paper application documents to the PRCC.**

Applicants should retain their original documents in case we might need to recreate any electronic media later.

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

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

**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/St** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**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? \_\_\_\_\_ Degree Granted \_\_\_\_\_

Name of other school(s) \_\_\_\_\_

Dates you attended \_\_\_\_\_

Did you graduate? \_\_\_\_\_ 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? If so, describe where you earned them, within which certifying body (e.g., ACPE, CPSP, etc.), and how many units you have completed:

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

13. Pastorates served:

Name of Church

Address (City/ST)

Dates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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 enclosed reference forms. Ask them to send their completed reference forms directly to

[ChaplainMinistries@pcanet.org](mailto: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](mailto: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](http://www.PRCC.co) website "**Support This Ministry**" for this fee. Send your online receipt to [ChaplainMinistries@pcanet.org](mailto:ChaplainMinistries@pcanet.org)

# 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, print it out, sign it, fax it to 678-825-1252, or scan and email it to [ChapainMinistries@pcanet.org](mailto: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) (Zip/State)

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

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

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone 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, 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.

## CIVILIAN CHAPLAIN REFERENCE FORM

Return this Reference Form using one of these two methods:

1. Create PDF print files of all application documents (Encrypt before sending if you prefer additional security) and send as attachments within emails to [ChaplainMinistries@pcanet.org](mailto:ChaplainMinistries@pcanet.org)
2. FAX your application documents to 678-825-1252 (a secure method of transfer)
3. Please do not mail any Chaplain Reference Forms to the PRCC. Please keep or destroy the original.

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

Elder's Name, Address, Email, & Phone: \_\_\_\_\_

The above named individual is applying for ecclesiastical endorsement as a Civilian 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? \_\_\_\_\_

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 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 • United Reformed Churches in North America



*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](http://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](http://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](http://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 Civilian Chaplain Dues

(Chaplains employed by a federal government agency should contact Gary Hitzfeld 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](http://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 Gary Hitzfeld ( [ghitzfeld@pcanet.org](mailto:ghitzfeld@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