

**APPLICATION FOR MILITARY CHAPLAINCY
ECCLESIASTICAL ENDORSEMENT**

(Please contact Military Relations at 801-240-2286 before submitting written application)

PHOTO

Date: _____ ***PLEASE TYPE OR PRINT CLEARLY***
Name: _____ **Social Security Number:** _____
Address: _____

Telephone: (H) _____ (W) _____ **E-mail:** _____

Date of Birth: _____ **Place:** _____

Spouse's Name: _____

Date of Marriage: _____ **Temple:** _____ **Civil:** _____

Children (Names/Date of Birth): _____

Education (List all colleges, degrees, majors, GPA, dates of attendance and **provide transcripts**):

Church Leadership Experience (list from current to last, with dates):

Name of Mission (if served): _____ **Dates of Mission:** _____

Current Bishop: _____ **Current Stake President:** _____
Address: _____ **Address:** _____

Personal Data:
Height: _____ **Weight:** _____ **Are you in good health?** _____

If you have had any of the following, please circle it:

- | | | |
|---------|------------|----------------------------|
| Surgery | Broken | Cancer |
| Bones | Diabetes | Cluster/Migraine Headaches |
| Asthma | Depression | Vision/Hearing Problems |

Have you ever been arrested for anything other than a minor traffic violation? Yes ___ No _____

Have you ever been subject to a Church Disciplinary Council? Yes _____ No _____

Have you had any past or current **financial difficulties**? Yes _____ No _____

Have you or your spouse ever received counseling or treatment for mental or emotional illness?
Yes _____ No _____

Do you or any of your dependents have any special needs or concerns that may prevent you from accepting any deployment or worldwide assignment? Yes: _____ No: _____

List your major recreational, sports, hobbies, or special interests: _____

Previous Military Experience (Provide us with a copy of your DD 214): _____

Branch/Dates of Service/highest rank achieved/Active or Reserves:

Please provide the names, addresses, and telephone number of **three people** who know you well (**NO relatives**) whom we may contact as a **personal reference**:

Which chaplaincy are you interested in entering?

Active Duty ___ (Army ___ Air Force ___ Navy ___)
Reserves / National Guard ___ (Army ___ Air Force ___ Navy ___)
Civil Air Patrol ___ **Veterans Affairs Hospital** _____

With this application please attach the following:

1. A summary statement of why you want to be a chaplain.
2. A **recent** photo of **you** and your **spouse**.
3. An employment resume for the past ten years.
4. Transcripts of all your college work (unofficial is fine).
5. Statement of Record

Signature

Date

Mail completed application to:
Military Relations Division
50 East North Temple, Room 2048
Salt Lake City, UT 84150

December 11, 2009