

# Application for Chaplain Ecclesiastical Endorsement

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

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

E-mail: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## Which type of chaplaincy are you interested in?

Military Active Duty: Army \_\_\_ Air Force \_\_\_ Navy \_\_\_

Military Reserves / National Guard: Army \_\_\_ Air Force \_\_\_ Navy \_\_\_

Border Patrol/Customs \_\_\_ Civil Air Patrol \_\_\_ Veterans Affairs Hospital \_\_\_ Hospice \_\_\_ Civilian

Hospital \_\_\_ Prison \_\_\_ Police/Fire Department \_\_\_ College/University \_\_\_ Corporate \_\_\_ Private

Organizations \_\_\_ Other \_\_\_\_\_

## Are you applying for:

Clinical Pastoral Education training \_\_\_\_\_ Professional Certification \_\_\_\_\_

Endorsement for paid or volunteer chaplain position \_\_\_\_\_

List Chaplain Experience: \_\_\_\_\_

Education (List all Degrees, Majors and Colleges/Universities):

\_\_\_\_\_

Clinical Pastoral Education (List number of CPE units, Certifying Agencies):

\_\_\_\_\_

Board certified: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ including dates: \_\_\_\_\_

\_\_\_\_\_

Church Callings (last 10 years, with dates):

\_\_\_\_\_

\_\_\_\_\_

Name of Mission (if served): \_\_\_\_\_ Dates of Mission: \_\_\_\_\_

Current Bishop: \_\_\_\_\_ Stake President: \_\_\_\_\_

Ward name: \_\_\_\_\_ Stake name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Personal Data:

Church Membership Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Married: Temple \_\_\_ Civil \_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children (Names and Age): \_\_\_\_\_  
\_\_\_\_\_

Do you have a current temple recommend? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Have you had any past or do you now have current financial difficulties involving collections or bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or your spouse ever been prescribed medication, received treatment or diagnosed for mental or emotional illness? Yes \_\_\_\_\_ No \_\_\_\_\_

**Military and Civil Air Patrol applicants complete the following:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Are you in good health? \_\_\_\_\_

Please circle any of the following if applicable: Surgery, Broken Bones, Diabetes, Asthma, Depression, Cancer, Cluster/Migraine Headaches, or Vision/Hearing Problems

Is English a second language Yes \_\_\_ No \_\_\_

Do you or any of your dependents have any special needs or concerns that may prevent you from accepting any worldwide assignments? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Ordination to Elder: \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_

Branch of Service, Dates, Highest Rank, Active Duty, Reserves, National Guard:  
\_\_\_\_\_

**All Applicants 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 (church dress)
3. An employment resume for the past ten years.
4. Statement of Record (see next page)
5. Prior military, include copy of DD Form 214 and last three evaluation reports.
6. Provide college transcripts of all courses taken. (Unofficial is ok) **Military only!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**E-mail or mail completed application to:**

Military Relations and Chaplain Services Division  
50 East North Temple, Room 2411  
Salt Lake City, UT 84150  
[PST-Military@ldschurch.org](mailto:PST-Military@ldschurch.org)

## STATEMENT OF RECORD

This statement must be completed by all who apply for ecclesiastical endorsement from The Church of Jesus Christ of Latter-day Saints for any type of chaplaincy.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Have you ever been charged with, accused of, moved because of, or changed employment because of any sexual misconduct or sexual harassment?**

(Initial the appropriate space) NO \_\_\_\_\_ YES \_\_\_\_\_ \*\*

\*\* If you answered yes, give a full explanation of the issue on the back of this form or in an attached letter addressed to the Director of Military Relations and Chaplain Services. Information so shared will be considered sensitive and will be restricted only to those who need to know in order to make a decision on granting your endorsement.

No application or request for ecclesiastical endorsement will be processed without this signed and dated document.

By my signature, I certify that the above is true and accurate. I further understand that falsification of this data in any way will bring immediate revocation of my endorsement and or cessation of the endorsement process.

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