

CALIFORNIA PRACTICAL CHAPLAIN ASSOCIATION



MEMBERSHIP APPLICATION

*817 Torrance Blvd Suite 207
Redondo Beach CA 90277
Tel: 310.870.3988 Fax: 1.888.959.1687
Email: info@californiachaplains.info*

I PERSONAL DATA

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

II MINISTRY DATA

CHURCH MEMBERSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

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III MINISTRY HISTORY

<u>POSITION</u>	<u>DATES</u>	<u>DESCRIPTION OF RESPONSIBILITIES</u>
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____

MINISTERIAL RANK

	<u>DATE</u>	<u>NUMBER</u>
EXHORTER: _____	____/____/____	_____
LICENSED: _____	____/____/____	_____
ORDAINED: _____	____/____/____	_____

IV EMPLOYMENT HISTORY

<u>POSITION</u>	<u>DATES</u>	<u>DESCRIPTION OF RESPONSIBILITIES</u>
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____

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V MILITARY HISTORY

<u>BRANCH</u>	<u>DUTY TITLE</u>	<u>DATES</u>	<u>HIGHEST GRADE</u>	<u>TYPE DISCHARGE</u>
_____	_____	/__/___ - __/___	_____	_____
_____	_____	/__/___ - __/___	_____	_____
_____	_____	/__/___ - __/___	_____	_____

VI FAMILY DATA - FOR EMERGENCY USE ONLY

MARITAL STATUS: M:_____ S:_____ D:_____*

SPOUSE'S COMPLETE NAME:_____ D.O.B.:_____

PARENT'S CURRENT ADDRESS:_____

CITY:_____ STATE:_____ ZIP CODE:_____

TELEPHONE:_____ FAX:_____

* IF DIVORCED PLEASE EXPLAIN: _____

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VII CRIMINAL HISTORY - CONVICTIONS & PENDING CONVICTIONS

IF NONE, STATE NONE. IF YES PLEASE EXPLAIN: _____

VIII CHAPLAINCY DESIGNATION (CIRCLE ONE)

COLLEGIATE FIRE HOSPICE HOSPITAL INDUSTRIAL JUVENILE & YOUTH
JAIL & PRISON MILITARY MOTORCYCLE NURSING HOME POLICE
SEARCH & RESCUE SPORTS TRANSPORTATION
OTHER: _____

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I REQUIRED ATTACHMENTS

ORDAINED POSITIONS ONLY

1. One copy of ministerial license. If not ordained, prove long term service in Chaplaincy at a Ministerial level.
2. Recommendation by an Ordained Minister, preferably your Pastor or Overseer.
3. Recommendations from (2) local businessmen/businesswomen.
4. Recommendation from an official in the field of Chaplaincy you are working.
5. License & Ordination \$150 per year or \$1000 for Life Membership.
6. See NOTE below.

LICENSED POSITIONS ONLY

1. One copy of ministerial license.
2. Recommendation from (1) Ordained Minister.
3. Recommendation from (2) local businessmen/businesswomen.
4. Recommendation from an official in the field of Chaplaincy you are working.
5. License & Ordination \$100 per year or \$750 for Life Membership.

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6. See NOTE below.

ASSOCIATE POSITIONS ONLY

1. Recommendation from (1) Ordained Minister or Chaplain.
2. Recommendation from (2) local businessmen/businesswomen.
3. Membership fee of \$75 per year or \$500 for Life Membership.
4. See NOTE below.

AFFILIATE POSITION

This is a non-professional Chaplaincy support position, If you would like to be a support member of the C.P.C.A. and assist in this expanding ministry, you can do so with a minimum fee of \$50 per year.

See NOTE below.

For those who have a desire to service in Chaplaincy with the C.P.C.A. but lack the funds to attain membership, The C.P.C.A. provides a scholarship fund that pays the membership dues of prospective members who are in financial need. The C.P.C.A. will not let the financial situation of a prospective member from serving God as a Chaplain with our organization. Contact us if you wish to be considered for financial assistance..

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NOTE: The following are required of ALL Chaplaincy programs and must be included with application:

1. (2) Colour ID photos *must be headshot measuring 2 1/4 x 2 1/2 same size as drivers license.*
2. Up-to-date personal resume.
3. Current Police Criminal Background Check (within last 60 days)
4. All forms completed & signed.
5. Applicable fees.
6. Copy of valid driver's license.