

California Practical Chaplain Association

National Office, 2166 West Broadway #270 Anaheim CA 92804

Application for: Senior Ordained Chaplain Licensed Chaplain Associate Chaplain
 Affiliate Chaplain Student Chaplain

All information will be kept in the strictest confidence. [Applicant] I, _____ give consent for California Practical Chaplain Association to gather the information requested, to use it for the reasonable purposes of the church and when necessary, to give the information to staff and members of California Practical Chaplain Association in order to carry out ministry work. Signed _____ at _____ in the State of _____, United States of America. Dated _____ 20__.

Application Instructions: This form is to be completed by all candidates for licensing. All questions must be answered clearly and fully. Licensed pastors are expected to file yearly with head office both a criminal record search and a letter from a local office of Family Services stating that they are not currently under any investigation by them. This is done in order to be certain of the character of those ordained by the California Practical Chaplain Association and it helps us to be certain of the character of those seeking ordination. This information will be kept confidential but may result in the candidate not being accepted for ordination or in having their status as an ordained pastor revoked. The fee for processing the ordination is set at present to \$100.00 and is payable to our National Office. Any amount brought in by these fees not needed for processing the application will be used to help support the goals of California Practical Chaplain Association and the work of its member chaplains. Fees are to accompany this application.

<p>Personal Data:</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss</p> <p>Please affix here a recent photograph of yourself [4 cm x 3.5 cm, full face view] ***** TWO photographs MUST Be submitted with this application</p> <p>Pastor's email address: _____</p> <p>Church website at: _____</p>	<p>PLEASE TYPE OR PRINT ALL ITEMS.</p> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">Social Security Number</p> <p>NAME: _____ Last First Middle Maiden</p> <p>By what name are you known? _____</p> <hr/> <p>Present Address: _____</p> <p>Street and Number _____ City or Town _____ () State Zip Home Phone</p> <hr/> <p>Permanent Address (if different from above): _____</p> <p>Street and Number _____ City or Town _____ () State Zip Phone</p> <hr/> <p>Birth Date _____ Sex _____ Marital Status _____ <input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed</p> <p>Month Day Year</p> <p>Birthplace: _____ City State Country</p> <p>Nationality: _____</p> <hr/> <p>If married, Name of spouse _____ Year born _____ <input type="checkbox"/> Husband Occupation _____ <input type="checkbox"/> Wife _____</p>
<p>Please return to: California Practical Chaplain Association</p> <p>National Office 2166 West Broadway #270 Anaheim CA 92804</p> <p>Ph: 1.888.453.4021 Fx: 1.888.959.1684</p> <p>www.californiachaplains.com</p>	

Children living with you

Name	Age	Name	Age

Does your spouse hold ministerial credentials? Yes No

If so, what type? _____

From which credentialing body? _____

Day Faith Declared? _____
Month Day Year

Have you been baptized?

Yes No

When? _____ Month / Day / Year

Educational Data:

List your formal education

Elementary _____ **Years** _____
Name of School City State Completed

High School _____ **Years** _____
Name of School City State Completed

College/U _____ **Years** _____
Name of College City State Completed

Bible College _____ **Years** _____
Name of College City State Completed

Is your student loan paid? Yes No

Have you followed any home study courses for the ministry?

Yes No _____

If so, which courses?

If deemed necessary by the Board of Directors would you be willing to take a course of study recommended by the California Practical Chaplain Association?

Yes No

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<p>Church Data</p>	<p>Of what local church body are you a member?</p> <p>Address</p> <p>_____</p> <p>Street and Number</p> <p>_____ ()</p> <p>City or town State Zip Telephone</p>
	<p>What leads you to believe that God has called you into ministry? [Your submission MUST be attached, and be NO LESS than 1000 words]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What is your special calling?</p> <p><input type="checkbox"/> Pastor <input type="checkbox"/> Evangelist <input type="checkbox"/> Other _____</p>
	<p>How much time do you devote to these ministries? _____</p> <p style="text-align: right;">Number of hours per week</p> <p>Do you have any other occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what type? _____</p> <p>How many hours per week do you work in this occupation? _____</p>
	<p>If you are an elder or assistant pastor, please state name and location of your church.</p> <p>_____</p> <p>Church Name</p> <p>_____</p> <p>Street and Number</p> <p>_____ ()</p> <p>City or town State Zip Telephone</p>
	<p>Are you <input type="checkbox"/> Licensed or <input type="checkbox"/> Ordained by any other group?</p> <p>If so, give date, name, and location of group.</p> <p>_____</p> <p>Group Name Month / Day / Year</p> <p>_____</p> <p>Street and Number</p> <p>_____ ()</p> <p>City or town State Zip Telephone</p>
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<p>Church Data (continued)</p>	<p>Have you ever made an application for credentials to any other credentialing body and been refused?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give particulars _____</p> <p>_____</p> <p>_____</p>
	<p>Why do you wish to be affiliated with California Practical Chaplain Association? Use additional paper and attach as necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>References</p>	<p>List the names and complete addresses (including postcode) of three People who can be contacted by the Board of Directors for a personal reference on your character and ministry. Do not include members of your immediate family. (These can be pastors, or elders of your church, charitable workers, politicians, or others who would be easily recognized as authority figures or notable people in your local area.)</p> <hr/> <p>Name _____ Address _____ ()</p> <hr/> <p>City _____ State _____ Postcode _____ Telephone _____</p> <hr/> <p>Name _____ Address _____ ()</p> <hr/> <p>City _____ State _____ Postcode _____ Telephone _____</p> <hr/> <p>Name _____ Address _____ ()</p> <hr/> <p>City _____ State _____ Postcode _____ Telephone _____</p>
<p>Personal Statement</p>	<p>By tendering this signed application, the applicant affirms his/her submission to the decisions of the California Practical Chaplain Association's Board of Directors and its Articles and By-laws.</p> <p>The applicant agrees that all matters concerning his/her credentials with the California Practical Chaplain Association will be determined by the Board of Directors of California Practical Chaplain Association and its Executive Director and not by secular laws and jurisprudence.</p> <p>The applicant hereby agrees to indemnify and hold harmless the California Practical Chaplain Association and its officers in any and all matters of public and private liability, including malpractice or any other matters arising out of the actions of the applicant.</p>
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California Practical Chaplain Association Application for Area Charter Affiliation

Application Instructions: This form is to be completed ONLY by applicants for Area Charter Affiliation Certificates. There is no application fee required for your organization to be considered for corporate membership with the California Practical Chaplain Association. [Upon approval there is a \$100.00 annual fee for all churches/organizations, there are administrative fees involved in credentialing individual pastors; in addition it is expected that churches/organizations will support Abba's national office within their means. The California Practical Chaplain Association is a volunteer organization and we cannot operate without the support of the membership.

Attach an ADDENDUM outlining the history of your organization, past incorporation, membership numbers, ministry records, past denominational status and a list of your staff, board of directors and general church members. Please include outreach ministries, and all contact phone numbers and other related information. Please type or print all items.

Church Data:	<p>Church Name</p> <p>_____</p> <p>Street and Number City or town State Postcode</p> <p>_____</p> <p>Mailing Address (if different from above)</p> <p>Street and Number City or town State Postcode</p> <p>_____</p> <p>Telephone _____</p> <p style="text-align: center;">Church Office Pastor or other officer</p> <p>Date Church was established</p> <p>_____ Average Sunday school attendance _____</p> <p>Month Day Year Average church attendance _____</p>
<p>Return to: California Practical Chaplain Association</p> <p style="text-align: center;">National Office</p> <p style="text-align: center;">720 S Magnolia Avenue Anaheim, CA 92804</p> <p>Ph: 1.888.453.4021 Fx: 1.888.959.1684</p> <p>www.californiachaplains.com</p>	<p>Please check one:</p> <p>Applicant is a <input type="checkbox"/> Chartered Church <input type="checkbox"/> Fellowship <input type="checkbox"/> Other</p> <p>If other, please explain _____</p> <p>_____</p> <p>_____</p> <p>Check if applicable:</p> <p><input type="checkbox"/> Applicant is a registered not-for-profit corporation.</p> <p><input type="checkbox"/> Applicant has received full charitable status from the Federal Government. [From IRS.]</p>
Affiliation Information:	<p>Please complete any information that applies.</p> <p>Applicant is presently a member of, or affiliated with, the following group, fellowship, or denomination: _____ , with headquarters in _____</p> <p>Applicant was formerly a member of, or affiliated with, the following group, fellowship, or denomination: _____ , with headquarters in _____</p> <p>Affiliation was severed on _____</p>

Briefly explain your form of church government

	<p>Please provide the names and addresses of the pastor and (if applicable) church officers.</p> <hr/> <p>Name _____ Title _____</p> <hr/> <p>Street and number _____ City or town _____ State _____ Zip _____</p> <hr/> <p>Name _____ Title _____</p> <hr/> <p>Street and number _____ City or town _____ State _____ Zip _____</p> <hr/> <p>Name _____ Title _____</p> <hr/> <p>Street and number _____ City or town _____ State _____ Zip _____</p>
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