



Application Form for Volunteer Chaplaincy



This application can be completed electronically (preferred) and e-mailed as an attachment, including a JPEG file picture to Steven Dyess, Associate for Volunteer Chaplaincy at sdyess@namb.net, Or, print the completed form and mail with attached photograph to Steven Dyess - North American Mission Board, 4200 North Point Pkwy., Alpharetta, GA 30022-4176. If you have any questions, call 1-800-749-7479, ext. 6361.

PERSONAL INFORMATION											
NAME: LAST		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	DATE (M/D/Y)						
PREFERRED NAME		BIRTHDATE (M/D/Y)	HOME PHONE	WORK PHONE	CELL PHONE						
RESIDENCE ADDRESS			CITY	STATE/PROVINCE	ZIP/POSTAL CODE						
E-MAIL ADDRESS (1)			E-MAIL ADDRESS (2)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
RACE/ETHNICITY (OPTIONAL)		<input type="checkbox"/> White non-Hispanic (Anglo) <input type="checkbox"/> Black (African/African American)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native Amer./1 st Nations	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> French Canadian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other - Specify						
LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH 1. 2. 3. 4.											
U.S. OR CANADIAN CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, COUNTRY OF CITIZENSHIP		STATUS OF IMMIGRATION/RESIDENCY							
MARITAL STATUS (check all that apply)											
<input type="checkbox"/> SINGLE		<input type="checkbox"/> ENGAGED EXPECTED MARRIAGE DATE		<input type="checkbox"/> MARRIED DATE							
<input type="checkbox"/> DIVORCED DATE OF DIVORCE (M/D/Y)		DIVORCED MORE THAN ONCE? <input type="checkbox"/>		<input type="checkbox"/> WIDOWED							
<input type="checkbox"/> REMARRIED DATE OF REMARRIAGE (M/D/Y)											
SPOUSE AND FAMILY INFORMATION											
SPOUSE NAME: LAST FIRST MI			SPOUSE'S PREFERRED NAME								
CHURCH MEMBERSHIP											
CHURCH NAME		PASTOR'S NAME		NAME OF LOCAL ASSOCIATION							
ADDRESS				NAME OF STATE/CANADIAN CONVENTION							
CITY		STATE/PROVINCE		ZIP/POSTAL							
						PHONE NUMBER					
						E-MAIL ADDRESS					

EDUCATION & TRAINING INCLUDING ANY VOCATIONAL, BIBLE OR MINISTRY TRAINING						
DATE ATTENDED		NAME OF SCHOOL	LOCATION	MINOR/MAJOR OR COURSE(S)	DEGREE OR HRS. CREDIT	DATE GRADUATED
FROM	TO					
HOURS PRESENTLY ENROLLED (IF CURRENT STUDENT)			PLANS FOR FURTHER STUDY			
LIST ANY SPECIALIZED TRAINING OR SKILLS (i.e. Teaching ESOL, Literacy, Crisis Counseling, etc.)						
EMPLOYMENT EXPERIENCE LAST 3 EMPLOYED SECULAR AND/OR CHURCH POSITIONS						
FROM	TO	POSITION (TYPE OF WORK)	ORGANIZATION/COMPANY	LOCATION (CITY/STATE)		
RETIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION AT RETIREMENT	RETIRED FROM: (COMPANY OR ORGANIZATION)	DATE RETIRED		
RECENT VOLUNTEER MINISTRY EXPERIENCE (IN CHURCHES, ASSOCIATIONS, MINISTRIES, ETC.)						
FROM	TO	POSITION AND DUTIES	CHURCH/MINISTRY NAME AND LOCATION			
Volunteer Chaplaincy Ministry Opportunity Examples Please use one or more of the following in the "Endorsement Requested" section below.						
Hospital Hospice Mental Health Mental Retardation Nursing Home	VA Int'l Conf of Police Chaplains Disaster Relief Corporate Law Enforcement	Fire Department Community Services Adult Correctional Children's Home Juvenile Correctional	Local (County) Jail Misc. Institutional Other (Specify)			
CHAPLAINCY ENDORSEMENT REQUEST (See List Above)						

SEND ENDORSEMENT TO:		
1. Organization Name:		
Mailing Address		
City	ST/Prov.	ZIP/Postal

BELIEF AND PRACTICE STATEMENT

(Do not exceed space provided)

1. **Briefly describe your conversion experience** – Include age, place, circumstances of your conversion and when you were baptized:

2. **Describe your call by God to chaplaincy service** - Include when you were called, how you were called, and what you did when you received the call:

3. Do you believe that the Bible is, "truth without any mixture of error"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you believe that the miracles and historical events in the bible actually occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you believe that Jesus Christ is the virgin-born Son of God who died for our sins, rose bodily from the grave and is coming again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you recognize immersion of believers as the scriptural mode of baptism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you an active member, in good standing, of a cooperating Southern Baptist Church?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you give regularly to support your church financially and encourage participation in the Cooperative Program, Lottie Moon and Annie Armstrong Mission Offerings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you actively involved in personal, verbal witnessing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When was the last time you shared your faith with a lost person? Approx. date:		
10. Upon approval and placement as a chaplain, will you covenant to carry out your ministry in accordance with and not contrary to the current Baptist Faith & Message? <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>		
11. Do you engage in public or private glossolalia (speaking in tongues)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been convicted of a crime (other than a traffic violation)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you had a drink of an alcoholic beverage in within the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Have you used illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you replied "NO" to questions 3-10 or "YES" to questions 11-14, please give an explanation below:

By signing your name you are attesting to the truthfulness of all questions on this application.

X _____

Signature Required

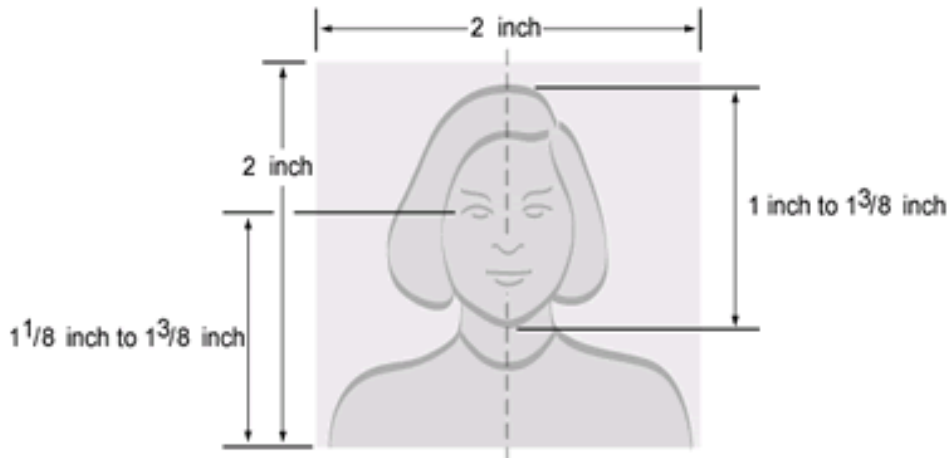
(If completing this form electronically, typing your full legal name – first, middle, last - above will constitute your legal signature.)

Date _____

REFERENCES Other church pastoral staff member may be used if pastor does not know the applicant personally.		
1. Current Pastor's Name (ADOM if applicant is the pastor/pastor's wife) <input type="checkbox"/> Check if other than current pastor		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		
2. Agency Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		

PERMANENT CONTACT PERSON (Someone not living with you who will know how to contact you)		
Name		
Mailing Address		
City	ST/Prov.	ZIP/Postal
Telephone		
E-mail Address		

Attach 2x2 Passport Type Photograph (Required)



Picture must be individual, current, head and shoulders, high resolution photo with plain background. If submitting digital photo electronically, it must meet these same requirements and be a JPEG file no larger than 2mb.



*NORTH AMERICAN
MISSION BOARD*

NORTH AMERICAN MISSION BOARD, SBC
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**CHAPLAINCY APPLICATION
BACKGROUND CHECK AUTHORIZATION
RELEASE OF LIABILITY**

I, _____, Date of Birth _____

Social Security Number _____, do hereby authorize the North American Mission Board, SBC, to conduct a criminal background investigation.

I release, indemnify and forever hold harmless the North American Mission Board, SBC, their agents or assigns, from any and all claims and/or liabilities that may arise as a result of these investigations. Further, I release, indemnify and forever hold harmless any person, corporation, company, institution or individual and their agents and assigns who may act upon authority of this release.

I authorize and certify that a photocopy or electronic facsimile of this Release shall serve with the same authority as the original. Further, if any county or state/province requires a notarized copy of this document before a background check can be completed; such notarized copy must then be provided by the applicant.

(NOTE: If applicant is a Canadian citizen or resident, further documentation will be required to complete the background check process. They will be contacted and this documentation will be sent to them.)

Please indicate the county and state in which you reside: County _____
State/Province _____

X _____

Signature Required

(If completing this form electronically, typing your full legal name – first, middle, last - above will constitute your legal signature.)

Date _____