



APPLICATION FOR CHAPLAINCY PROGRAM

Please attach a copy of your resume to this application

(Please Print)

Name: _____
First Middle Last

DOB: _____ Soc. Sec. # _____

Address: _____
Street City State Zip

Phone: _____ Cell Ph: _____ Email: _____

Driver's License Number: _____ State of Issuance: _____

Your present employment: _____
Company

_____ Position Phone

Are you ordained to the Christian ministry? Yes ___ No ___ If yes, when? _____

Ordained under which Christian organization? _____

Days/Hours Available: _____

Do you know anyone who works for Crossroads Ministries? _____

Have you ever been convicted of a misdemeanor or felony? _____

Why do you want to be a chaplain? _____

List three of your strengths and three weaknesses: _____

Briefly list other skills, talents, interests, abilities and qualifications: _____

If you speak another language, please list: _____

List any type of Christian work, volunteer experience or other information relevant to the chaplaincy program: _____

REFERENCES:

Local church/fellowship: _____

Pastor: _____ Ph: _____

List three references (not family) whom you have known for more than three years:

Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

Name: _____ Relationship: _____ Ph: _____

Address: _____
Street City State Zip

STATEMENT OF CHRISTIAN TESTIMONY (can use back of page for more space):
