



International Fellowship of Chaplains

PO Box 1004, Temple TX 76503
(254) 314-2159 Fax (989) 753-3238
www.ifoc.org. Chaplains@ifoc.org

APPLICATION for CHAPLAIN LICENSE (Page 2 of 2)

I.F.O.C. STATEMENT OF SERVICE

The International Fellowship of Chaplains is a Christian Chaplain Ministry that provides practical community support and spiritual counsel to emergency service workers, those in crisis, secular society and those persons in transition by meeting their needs regardless of age, race, creed, color, sex, national origin, religion, sexual orientation, gender identity, disability, marital status or socio economic status. Trained and licensed chaplains provide counsel, education, advocacy, life improvement skills and recovery training, providing a bridge between the secular and spiritual environments of community life throughout the world.

Initial

CONTACT INFORMATION

I acknowledge that my contact information (name, address, phone number, email address) will be shared with I.F.O.C. staff and I.F.O.C. Corps leadership. This information is NOT shared outside of I.F.O.C. without your written permission.

Initial

PERSONAL DATA

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____ / _____ EMAIL: _____
Primary Secondary

SOCIAL SECURITY NO.: (last 5 #'s only) _____ DATE OF BIRTH ____/____/____

I.F.O.C. CHAPLAIN TRAINING CLASS ATTENDED _____
Date Location

MARITAL STATUS: M___ S___ D___ SPOUSE NAME _____

Name of spouse, adult child, sibling or friend contact in an emergency _____

Relationship _____ Phone _____ City _____ State _____

CRIMINAL HISTORY – CONVICTIONS & PENDING CONVICTION

____ NO ____ YES If YES, explain: _____

Attach **RESUME** – check that you included:

___ Education, ___ Employment, ___ References, ___ Military Service, ___ Ministry History & Positions.

Attach copy of **DRIVER’S LICENSE / STATE ID**

Attach **RECOMMENDATION LETTERS**

Attach **BACKGROUND INVESTIGATION REPORT** – Must be dated within last 12 months.



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CHAPLAIN LICENSE PASTOR RECOMMENDATION FORM

To be completed for all applicants by Senior Pastor, Associate Pastor or Ministerial Staff.
(This form is not to be used for Ordination Applications)

Pastor Instructions: *Please return to the Chaplain Applicant to send with their application for credentials. (do not send to I.F.O.C.)*

Chaplain Applicant Name _____

Pastor Name (print) _____

Pastor Name (signature and phone #) _____

Church Name/phone # _____

Please indicate the words most closely describing the applicant.

- Member in good standing Not a member Attends regularly Does not attend regularly
 Highly dedicated Dedicated Low dedication Cooperative Uncooperative Divisive

Does the Applicant serve a function on your church staff? Yes No If yes, indicate position & how long.

How do you see the applicant as a spiritual person?

Understanding that Chaplaincy is a Samaritan ministry done outside the church body, provide an example of the applicant faithfully performing such ministry, or where they are qualified. Active in Samaritan ministry

Do you see the applicant aspiring as a Chaplain? Yes No What area do you see the applicant excelling in?

What indication have you noticed that would qualify the applicant to perform as a Chaplain?

Does this candidate exhibit the qualities of character, reputation, moral integrity, reliability, preparation and calling to serve honorably as a chaplain minister? Yes No If No, please explain; _____

Do you recommend the applicant for a Chaplaincy License with The International Fellowship of Chaplains?

- Yes No If No, please explain on the reverse side

Please return this form to applicant (do not send directly to I.F.O.C.).



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NATIONAL BACKGROUND INVESTIGATION

A comprehensive National Background Investigation is required from all applicants.

The basic background investigation fee is \$43.50. There are a small percentage of counties that charge an additional fee to access their records. If you live in one of those counties, that fee is passed onto you by the background investigative service and could increase the cost of your background check between \$1.85 to \$27.00 per name alias used over the last 7 years. Most applicants will not have additional charges.

<https://app.verifiedvolunteers.com/en/Candidates/Account/Register>

If you are asked for a "Good Deed Code" during the background request process please use **y311y67**.

Print a copy of your background report from the Sterling Volunteers website once it is completed and include with your application.

If you live in New York (or have lived there over the last 7 years) please do not use this link. Call I.F.O.C. at (254) 314-2159 for further help submitting a background investigation.



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APPLICATION for CHAPLAIN ORDINATION - Optional

Pages 5-7 must be submitted with copy of current I.F.O.C. Chaplain ID or complete APPLICATION for CHAPLAIN LICENSE.

The I.F.O.C. accepts applications for Ordination through one of the following five pathways. Please check the pathway (1-5) you are applying under and attach the required documentation.

✓ **Check off the document list (Pathway 1,2,3,4 or 5) below as you prepare your application.**

1st. Pathway

- A. _____ I am submitting detailed recommendation from the Pastor of my local church. (This does NOT include a retired or home group pastor.)
- B. _____ I have attached a written recommendation letter from my Pastor that attests to my character, reputation, moral integrity, reliability, preparation and calling to chaplain ministry.
- C. _____ The pastor letter indicates that I would qualify in these areas if I were being considered for ordination in my local church itself.
- D. _____ Assessment of Character document

2nd. Pathway

- A. _____ I am an ordained minister in good standing with my church..
- B. _____ I have attached a copy of my Ordination Certificate.
- C. _____ Assessment of Character document

3rd. Pathway

- A. _____ I am an ordained minister in good standing through an established ministerial organization.
- B. _____ I have attached a copy of my Ordination Certificate.
- C. _____ Assessment of Character document

4th. Pathway

- A. _____ I currently hold a Master of Divinity degree from an accredited seminary.
- B. _____ I have attached a copy of my degree certificate.
- C. _____ Assessment of Character document from the Executive Officer of the accredited seminary.
- D. _____ Assessment of Character document from my current place of employment as a minister

Should pathways 1-4 not be an option for ordination, the Licensed I.F.O.C. Chaplains can apply thru Pathway 5 after 12 months.

5th. Pathway

- A. _____ I am a Licensed I.F.O.C. Chaplain
- B. _____ I have been Licensed for 12 months.
- C. _____ I have attached my completed Assessment of Character document from my Pastor.
- D. _____ My Pastor has direct oversight and interaction with me
- E. _____ I have attached written documentation of community involvement as an I.F.O.C. chaplain that attests to the applicant's commitment to chaplaincy ministry.
- F. _____ I have attached Certificates of Completion showing evidence of 14 contact hours of advanced training from the following list demonstrating commitment to the work and spirit of chaplain ministry (check the Certificates attached with application):
 - i _____ I.F.O.C. Weddings and Funerals 4 contact hours
 - ii _____ I.F.O.C. Annual Conference package 8 contact hours
 - iii _____ I.F.O.C. Corps Leadership Course 6 contact hours
 - iv _____ ICISF Individual Crisis Intervention and Peer Support 14 contact hours
 - v _____ ICISF Group Crisis Intervention 14 contact hours
 - vi _____ ICISF Spiritual and Psychological First Aid 14 contact hours
 - vii _____ Red Cross Psychological First Aid 4 contact hours
 - viii _____ ICISF Grief Following Trauma 14 contact hours

I have a genuine calling of the Lord to Chaplain ministry & hereby submit my application for Ordination.

Print Name

Sign Name

Date

Allow 8 weeks for processing & receipt of Chaplain Ordination application



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ASSESSMENT of CHARACTER (Page 1 of 2)

To be completed for all applicants by Senior Pastor or Ecclesiastical Overseer

Instructions: *Please return to the Chaplain Applicant to send with their application for credentials. (do not send to I.F.O.C.)*

Chaplain Applicant Name _____

Pastor/Overseer Name (print) _____

Pastor/Overseer Signature and phone # _____

Church/Organization Name and phone# _____

Indicate how often do you directly interact with the applicant.

- Weekly Monthly Quarterly Seldom Never

Which of these best describes the applicant's response to the authority of your direct oversight? Describe.

- Submits easily Submits reluctantly Problematic. Poorly

Which of these best describes the applicant's level of reliability and commitment?

- On time. Frequently late or no shows Prepared Unprepared Disinterested

Which one best describes the applicant's ability to resolve conflicts within the organization?

- Resolves with wisdom. Uses Biblical approach Accusatory Judgmental

In a few sentences, describe your view of the applicant's character and reputation within the organization.



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 Highly dedicated Dedicated Low dedication Cooperative Uncooperative Divisive

Does the Applicant serve a function on your church staff? Yes No If yes, indicate position & how long.

How do you see the applicant as a spiritual person? _____

Understanding that Chaplaincy is a community ministry performed outside the church body, provide an example of the applicant's faithfulness in his/her ministry in the community setting.

Do you see the applicant aspiring as a Chaplain? Yes No What area do you see the applicant excelling in?

What indication have you noticed that would qualify the applicant to perform as a Chaplain?

Does this candidate exhibit the qualities of character, reputation, moral integrity, reliability, preparation and calling to serve honorably as a chaplain minister? Yes. No If No, please explain; _____

Do you recommend the applicant for a Chaplaincy Ordination with The International Fellowship of Chaplains?

- Yes No If No, please explain on the reverse side