



International Fellowship of Chaplains

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

INSTRUCTIONS for I.F.O.C. CHAPLAIN LICENSE

The I.F.O.C. Credential Application has a License Application section (pages 2-5) that every candidate needs to complete, which includes a Pastoral Recommendation Form (page 4).

The Credential Committee conducts phone interviews with those who pass an initial review of their application.

If anyone other than a church leader at your home church completes the Pastoral Recommendation Form for licensing, the applicant must include a written explanation as to why it wasn't completed by their pastor.

Candidates have the option to be considered for Ordination (pages 6-8). Those applying only for Chaplain License are not required to complete pages 7-8. A Licensed I.F.O.C. Chaplain can be considered for ordination at any time in the future, at no cost.



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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

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 _____ / _____ / _____
Month Day Year

I.F.O.C. Chaplain Training Course Attended _____
Date Location

Marital Status: M ___ S ___ W ___ 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: _____

List EDUCATION / DEGREES : _____

List COMMUNITY SERVICE : _____

List MINISTRY SERVICE : _____

Did you enclose your **Resume** which must include: 1) Education, 2) Employment, 3) References, 4) Military Service (if applicable), 5) Community Service, 6) Ministry History/ Positions?
___ Yes ___ No

Did you enclose a copy of your: **Driver's License or State ID?**
___ Yes ___ No

Did you enclose 2 or more **Community Business Referral Letters** (see page 5)?
___ Yes ___ No

Did you enclose a copy of my **Background Investigation Report** dated within last 12 months (see page 6)?
___ Yes ___ No



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PASTOR RECOMMENDATION FORM

To be completed for all applicants by Senior Pastor, Associate Pastor or Ministerial Staff.

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 for License Name _____

Pastor Name (print) _____

Pastor Name (signature and phone #) _____

Church Name _____

Church phone # _____ - _____ - _____ Church website _____

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 applicant 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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COMMUNITY BUSINESS REFERRAL LETTER INSTRUCTION

Community business referral letters provide I.F.O.C. with a view of how the applicant is known in the community. Every candidate has relationships with neighbors, business persons, colleagues, work relationships. I.F.O.C. wants to hear these persons knowledge of the Candidate.

Referral letters should be from community/business (NOT church) persons you interact with. Employees not recommended.

Letters written on letterhead preferred.

Acceptable persons: Colleague, supervisor, shop keeper, volunteer organizations

Following are items considered person writing the reference letter should consider in the letter:

Relationship with Candidate

Length of relationship

Communication skills

Interests

Skills & competencies

How they present themselves

Value in the community

Growth over time

Observation under stress or challenges

Team Player

Problem solving

Dedication

Reputation

Motivation

Self confidence



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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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INSTRUCTIONS for I.F.O.C. CHAPLAIN ORDINATION

Chaplain Licensure is for those who are seeking chaplaincy as a vocational choice.

Chaplain Ordination is for those who have received a divine calling from the Lord to chaplain ministry.

Candidates who wish to be considered for Ordination will send in the information requested in the Pathway (1,2,3,4 or 5) they wish the ordination committee to review.

Each Ordination pathway includes an "Assessment of Character" document (Page 9).

The Assessment of Character document for pathway 1 must be completed by the Senior Pastor of the applicant's home church.

If a candidate believes they qualify for one of the 5 Pathways to ordination, they are encouraged to submit documentation to the Credential Committee for review. Decisions are made from the documentation received, therefore, there is no way to discuss the application over the phone or by email to determine if a candidate qualifies prior to the documentation being received.

Ordination applicants must send in a signed "Application for Chaplain Ordination Checklist" (Page 8) and the required documents for the pathway they are applying under. If the signed checklist is missing then the applicant will be processed for Chaplain Licensing only.



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APPLICATION for CHAPLAIN ORDINATION – Optional

Pages 8-9 must be submitted with copy of current I.F.O.C. Chaplain ID or completed 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. _____ Assessment of Character for Ordination document (page 9) from the Pastor of my local church attesting to my calling as an Ordained Chaplain. (This form is NOT to be completed by a retired or home group pastor.)
- B. _____ I have attached written documentation of community involvement that attests to my commitment to chaplaincy ministry.
- C. _____ I have attached written documentation of my ministry involvement.

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 for Ordination Character document (page 9) from Ordaining organization.

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 for Ordination document (page 9) from Ordaining organization.

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 for Ordination from the Executive Officer of the accredited seminary. (page 9)
- D. _____ Assessment of Character for Ordination document from current place of employment as a minister. (page 9)

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 am actively involved in my local congregation. My church name is: _____
- D. _____ I have attached written documentation of community involvement as an I.F.O.C. chaplain that attests to my commitment to chaplaincy ministry.
- E. _____ I have attached Certificates of Completion showing evidence of 14 contact hours of advanced training from either I.F.O.C. or ICISF demonstrating commitment to the work and spirit of chaplain ministry.

List below the Course Certificates and Contact hours attached with your application:

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 for ORDINATION

To be completed for Pathways 1 - 4 by Senior Pastor or Ecclesiastical Overseer

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

Ordination Candidate Name _____

Pastor/Overseer Name (print) _____

Pastor/Overseer Signature and phone # _____

Church Name _____

Church phone # ____ - ____ - ____ Church website _____

Indicate how often do you directly interact with the candidate.

- Weekly Monthly Quarterly Seldom Never

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

- Submits easily Submits reluctantly Problematic. Poorly

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

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

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

- Resolves with wisdom. Uses Biblical approach Accusatory Judgmental

Describe the fruit shown in the life of the candidate (such as benevolence towards others, examples of display of mercy and grace in their conversations with others and their involvement with helping others)

Describe how the candidate demonstrates a genuine calling on his/her life for chaplain ministry.

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

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

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

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