

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 1 of 2)

Applications for Chaplain License packet must include all required documentation listed in the CHECKLIST. Incomplete application packets will be returned. Keep a copy of ALL pages of your application for your files.

<u>CHE</u>	CKLIST –	1-8 requir	red				
	✓ (C heck off th	he document list be	low as you prepa	re your appl	ication packet.	
1) _	Creden	tial Applica	tion (pages 2-3) with l	Payment (One Time	e \$250 Applica	tion fee & \$250 Annual	Dues - \$500 Total)
2) _	Copy of	f valid drive	r's license/state ID				
3) _	Include	as separate	e document a person	al resume with Ed	ucation, Emp	oloyment, References	s, Community
S	ervice, Mili	tary Servic	e, Ministry History	with Ministry Po	sitions.		
4) _	Pastor	Recommend	dation Form (page 4)			
5) _	Recomi	mendation l	etters from two (2)	community busine	ss acquaintan	ces (see page 5)	
6) _	Backgr	ound Invest	igation (NOTE: Apply	for a background in	vestigation repo	rt directly from Sterling \	Volunteers -
ht	ttps://app.ve	erifiedvolunte	eers.com/en/Candidat	es/Account/Registe	r. <i>Include a co</i> j	py of the report in your	<u>credential packet.)</u>
7) _	Copy of	f I.F.O.C. Cha	plain Course "Certif	icate of Completion	n"		
8) _	Passpo	rt quality pl	noto (white backgrou	und)			
9) _	(Option	nal) Recomn	nendation letter fror	n an I.F.O.C. Chapla	ain. (if you kno	ow one)	
10)_	(Option	nal) APPLIC	ATION for CHAPLA	IN ORDINATION	(pages 6-8)		
<u>PAY</u>	A MENT IN			ing & receipt o	f Chaplain	License applicat	ion
One 7	Гime Applic	ation Fee: \$	250.00, PLUS Annu	al Dues: \$250.00 p	er Year = Tota	l \$500.00 due. Please d	o not send cash
	Visa	MC	Discover	_ AMEX (Check or Mo	ney Order #	
			/				
Card N	lumber			/		Expiration Date	
Signati	ure			Print Nan	ne on Card		
STA	TEMENT :	OF FAITH	I, STANDARD OI	F CONDUCT AN	ND ETHICS		
I hav	e read & a	gree with t	the I.F.O.C. Statemo	ent of Faith, Stan	dard of Cond		
S	ignature			Print Nam	e		 Date

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APPLICATION for CHAPLAIN LICENSE (Page 2 of 2)

I.F.O.C. STAT	EMENT OF SERVICE	EE: The International Fellowsh	ip of Chaplains is a Christia	an Chaplain Ministry
that provides prosociety and those	actical community suppose persons in transition sexual orientation, genuicensed chaplains pro	bort and spiritual counsel to emo by meeting their needs regardle ader identity, disability, marital byide counsel, education, advoca- bridge between the secular and secular	ergency service workers, the service workers, the service workers, the service of age, race, creed, color status or socio economic services, life improvement skills	ose in crisis, secular r. sex, national tatus. Trained and s and recovery
CONTACT IN Initial	NFORMATION: I ac email address) will b	cknowledge that my contact ing e shared with I.F.O.C. staff an chared outside of I.F.O.C. with	nd I.F.O.C. Corps leadersh	nip. This
) <i>AT</i> A			
PERSONAL D				
Name:	Last	First	Middle Initial	
Address:	Street			
m 1 1		City	State	1
Telephone:	/ / / /	Email:		
	•			
	ain Training Course A			·
		Date Spause Name:	Location	
		Spouse Name:		
		or friend contact in an emerger		
		City		State
		TIONS & PENDING CONV		
EDUCATION	/DEGREES:			
<u>COMMUNITY</u>	<u>Y SERVICE</u> :			
<u>MINISTRY SE</u>	<u> ERVICE</u> :			
YesNo		<u>ne</u> which includes: 1) Education5) Military Service (if application	. , ,	
YesNo	I enclosed a copy of	my: Driver's License or Stat	e ID	
YesNo	I enclosed 2 or more	Community Business Refer	ral Letters (see page 5)	
Ves No	Lenclosed a conv. of	my Rackground Investigatio	n Renort dated within last 1	2 months (see page 6)

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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 LEOC)

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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 v311v67.

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

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 <u>one</u> of the following five pathways. Please check the pathway (1-5) you are applying under and attach the required documentation.

_	✓ Check	k off the document list (Pathway 1,2,3,4 or 5) below as you prepa	wa your application				
1st. Path	0	t ojj tne document tist (1 dinway 1,2,3,4 or 3) betow as you prepa	ire your application.				
A.	•	Assessment of Character for Ordination document (page 9) from the Pastor of my local church attesting to					
		an Ordained Chaplain. (This form is NOT to be completed by a					
В.		attached written documentation of community involvement that					
	ministry.	•	1 7				
C.	•	attached written documentation of my ministry involvement.					
2nd. Pat		, ,					
A.	I am a	n ordained minister in good standing with my church.					
В.	I have	attached a copy of my Ordination Certificate.					
C.	Asses	sessment of Character for Ordination Character document (page 9) from Ordaining organization.					
3rd. Patl	nway						
A.	I am a	n ordained minister in good standing through an established mini	isterial organization.				
В.		I have attached a copy of my Ordination Certificate.					
C.	Assessment of Character for Ordination document (page 9) from Ordaining organization.						
4th. Patl							
A.		ently hold a Master of Divinity degree from an accredited semina	ry.				
В.		attached a copy of my degree certificate.					
C.		sment of Character for Ordination from the Executive Officer o					
D.		sment of Character for Ordination document from current pla	1 0 ,				
		ot be an option for ordination, the Licensed I.F.O.C. Chaplains ca	an apply thru Pathway 5 after 12 months.				
5th. Path	•						
A.		a Licensed I.F.O.C. Chaplain.					
B.		have been Licensed for 12 months.					
C.		stor has direct oversight and interaction with me.					
D.		attached written documentation of community involvement as an	n I.F.O.C. chaplain that attests to the				
		mmitment to chaplaincy ministry.					
E.		attached Certificates of Completion showing evidence of 14 con					
		demonstrating commitment to the work and spirit of chaplain min	nistry (check the Certificates attached				
	with application		4 + 1				
	1 ;;	I.F.O.C. Weddings and Funerals I.F.O.C. Annual Conference package	4 contact hours 8 contact hours				
	ii 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				
	v 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	g of the Lord to Chaplain ministry & hereby submit my application	on for Ordination.				
Print Na	me	Sign Name	Date				



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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. (<u>do not send to I.F.O.C.</u>)
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

☐ No If No, please explain on the reverse side

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