

Please mail to:

Community Chaplain Service
PO Box 6734
New Bedford, MA 02742-6734

COMMUNITY CHAPLAIN SERVICE, INC.
A Biblical Nursing Home Ministry

APPLICATION for MISSIONARY CHAPLAIN

Please Print.

Name _____

Date _____

Permanent Address _____

Phone _____

EMAIL _____

Alternate Address (i.e., seasonal)- _____

Phone _____

EMAIL _____

In case of emergency, notify:

_____	_____	_____	_____
Name	Address	Telephone	Relationship

EDUCATION: (list schools attended beyond high school)

Name, location	Years attended	Date Graduated	Major

FORMER EMPLOYMENT: (start with most recent)

Date: Mo,Yr	Employer Name & Address	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

LENGTH of TERM: C.C.S.. desires a long-term or life-term commitment.

If not long-term, please explain:

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Why do you wish to serve with C.C.S?

Is there a specific geographical area in which you request to serve?

C.C.S. reserves the privilege of asking chaplains to serve areas we deem most needy.

Continued on reverse

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REFERENCES: Please list names of three persons, not related to you, who know you well.

Name	Address	Telephone	Relationship
			<i>My Pastor</i>

PHYSICAL HEALTH: *A physician's statement must accompany this application.*

List any physical handicaps:

General Health: (please check one) Poor _____ Fair _____ Good _____ Robust _____

PERSONAL:

Social Security Number _____ Age _____ Date of Birth _____ Height _____ Weight _____

Marital Status _____ If married, is your marriage stable > _____

Does your spouse share your desire to join C.C.S.? _____ How many dependents do you have? _____

Are you in debt? _____ If yes, please specify

Have you ever had psychological counselling? _____ If yes, please explain

Do you use alcohol, non-prescription drugs, or tobacco? _____

C.C.S. requires that you have a Personality Profile, which will be administered at our expense at a local facility.

SPIRITUAL:

Are you a born-again Christian? _____ Date of your conversion (if known) _____

Please attach a brief statement of your conversion and Christian experience.

Denomination: _____ Are you ordained? _____ By
 Whom? _____

Are you in agreement with C.C.S.'s Statement of Faith? (enclosed) _____
 Please list any points with which you disagree

Are you in agreement with C.C.S.'s purposes and objectives, policies, and practices? _____
 (Please see Statement of Requirements and Qualifications, IV, B)

COMMITMENT:

I have read the C.C.S. Constitution and By-Laws, Statement of Faith, Statement of Requirements and Qualifications, Salary and Benefits Statement, and hereby apply for service to the Lord with Community Chaplain Service. I understand that I

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must raise my full support through deputation in keeping with the C.C.S. schedule, and in the event that I fail to do so, C.C.S. is not liable for my support. I further commit myself to raising the desired support as salary and benefits increase.

Signature _____

Date _____