



# Christ Central Institute

## Community Missions Chaplaincy Application

Are you a first-time applicant to Christ Central Institute's Chaplaincy Program?  Yes  No

### Personal Information (please print)

Full Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name Maiden Name

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number (last 4 digits only): \_\_\_\_\_

Email address we can use to contact you (print carefully): \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Divorced  Legally Separated  Separated  Widowed

### Emergency Contact Information:

Name and Relationship of Contact: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Work Information:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Education:

GED  High School Diploma  Associate Degree  Bachelor's Degree  Master's Degree

Type of training or degree: \_\_\_\_\_

Secondary Schools Attended: \_\_\_\_\_

Studies/skills in other areas: \_\_\_\_\_

Have you ever been convicted or indicted for a felony or misdemeanor (above the level of a traffic violation) that resulted in criminal charges, convictions, probations or pardons of records  Yes  No  
(If your answer is yes, please provide details on a separate sheet of paper, including names and addresses of the professional person(s) or institution(s) involved)

Have you ever experienced mental health issues that resulted in a mental health evaluation, diagnosis and/or prescribed medications for:  clinical depression  general anxiety disorder  bipolar disorder  schizophrenia  multiple personality disorder  borderline personality  suicidal ideations  other  
(If so, please include dates and other pertinent information on a separate piece of paper.)

Are you currently taking prescribed medications for mental health issues?  Yes  No

Have you ever experienced physical health issues that resulted in a physical health evaluation, diagnosis and/or prescribed medications for:  current heart conditions  current physical limitations  past physical injuries or conditions that still affect you or could affect you in the future?  Yes  No

(If so, please **specify** and include **dates** and other pertinent information on a separate piece of paper.)

Do you open-carry or carry a concealed weapon for which you have a permit?  Yes  No

(If so, please attach a copy of your permit.)

Do you have a valid Driver's License?  Yes  No

(If so, please attach a copy of your license.)

**About Your Desire to Pursue Community Chaplaincy**

What church do you regularly attend? \_\_\_\_\_ Location \_\_\_\_\_

Pastor: \_\_\_\_\_ Contact information: \_\_\_\_\_

Denomination/Affiliation: \_\_\_\_\_ Approximate size attendance: \_\_\_\_\_

Are you a member?  Yes  No If so, for how long? \_\_\_\_\_

Briefly tell in what areas you are involved with your church? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you actively involved with other Christian organizations?  Yes  No

If so, please explain your role:

\_\_\_\_\_  
\_\_\_\_\_

What training or experience in your life has helped prepare you for ministry as a local community chaplain?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a past personal experience that draws you to community missions chaplaincy?  Yes  No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What is your desired outcome for completing these Community Chaplaincy classes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What particular groups of people are you most drawn to serve? \_\_\_\_\_

\_\_\_\_\_

**Final Checklist:** (due by second session for those wishing to earn certificate)

1. Please sign *Permission for Background Check* sheet and attach
2. Have your pastor forward a letter of reference by email to [jperrio@ccins.org](mailto:jperrio@ccins.org) or by post to Christ Central Institute, PO Box 387, 159 Church St. NE, Wagener, SC 29164
3. Include a headshot photo
4. Attach any added information about criminal activity, physical conditions, mental health issues
5. Include photo of Driver's License and Carry Permit, if applicable (government ID if no license)