

Christ Central Institute's

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 jperrigo@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)