

SAN JOAQUIN AREA CRITICAL INCIDENT SUPPORT TEAM



**VOLUNTEER/STAFF APPLICATION
CHAPLAIN MINISTRY**

EXPECTATIONS:

1. You may be expected to stand for long periods of time while at a critical incident.
2. You must be healthy enough to endure area climate in all its seasons.
3. You must be able to respond within 35 minutes to a critical incident request.
4. You may be asked to stay up late or endure interrupted sleep to respond in a call out.
5. You need to be able to commit to a minimum of 12 hours a month.

*** DRUG TESTING MAY BE REQUIRED**

Applicant Check List

Date Application Received _____

Position Applied For _____

Interviewed by:

1. _____

2. _____

3. _____

Cleared Dept. of Justice _____ (date) by whom _____

Fingerprinted _____ **YES** When _____ Where _____ _____ **NO**

Photo I.D. _____ **YES** _____ **NO**

Were a minimum of three references Contacted?

1. Name by phone _____ Letter _____ Interview _____

2. Name by phone _____ Letter _____ Interview _____

3. Name by phone _____ Letter _____ Interview _____

This Applicant is: _____ Approved _____ Denied

PERSONAL

Date _____

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Birth date (month/date) _____ Marital Status _____

Education (Please list college and graduate degrees or years of training). If more space is needed, please list on separate paper.

College _____

Graduated Yes No Degree _____ Year _____

Graduate School or Seminary _____

Graduated Yes No Degree _____ Year _____

Other _____

Graduated Yes No Degree _____ Year _____

Law Enforcement Experience

Have you had previous law enforcement experience (Not as a Chaplain?)

Yes No If yes, with what department(s)

Department _____ City/State _____

Telephone _____ Years of Service _____

Capacity _____ Person we may contact _____

Department _____ City/State _____

Telephone _____ Years of Service _____

Capacity _____ Person we may contact _____

Ministry Experience

How many years of vocational ministry experience have you had? _____

Name of Ministry _____ Telephone _____

Address _____

Type of Ministry _____ Years Served _____

Person we can contact _____

Name of Ministry _____ Telephone _____

Address _____

Type of Ministry _____ Years Served _____

Person we can contact _____

Chaplain Experience Please list previous ministry as a chaplain (Military, Police, Fire, etc.)

Organization or Department _____

City _____ State _____ Telephone _____

Years Served _____ In what capacity? _____

Name of person/s we can contact _____

Organization or Department _____

City _____ State _____ Telephone _____

Years Served _____ In what capacity? _____

Name of person/s we can contact _____

I.C.P.C. or F.O.F.C. Membership

Are you familiar with, or are you a member of the International Conference of Police Chaplains or the Federation of Fire Chaplains?

_____ Yes _____ No. (appointment as a law enforcement or Fire chaplain with the San Joaquin Area Critical Incident Support Team requires membership in the I.C.P.C. or F.O.F.C. – See Policy and Operations Manual volume 1).

Statement

Please write a brief summary of what you see as the purpose for a chaplaincy ministry and how you believe you can positively benefit such a ministry.

Signed _____ Date _____

I hereby give the San Joaquin Area Critical Incident Support Team permission to do a personal background check and to contact any reference listed.

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