

B. FAMILY AND MARITAL DATA

1. What is your marital status? Single Married (if married, date of marriage _____)
 Divorced Widowed
2. Spouse's name _____ 3. Spouse's date of birth _____
4. Are you and your spouse living together? _____
5. To what extent is your spouse supportive of your ministry? Very Supportive Supportive
 Not Supportive (please comment): _____
6. To what extent is your spouse an active part of your ministry? Very Active Active
 Not Active (please comment): _____
7. If you have children, list name and date of birth (month/day/year) of each _____

C. MINISTERIAL AND SPIRITUAL DATA

1. Date of salvation _____ 2. Date filled with the Holy Spirit _____
3. When were you licensed? _____ By what diocese? _____
4. When were you ordained? _____ By what diocese? _____
5. Present diocese affiliation: _____
6. Local church affiliation: _____
7. Have you ever been disciplined as a minister for moral failure? _____
8. Have you previously applied for approval or endorsement for chaplaincy? _____
9. How did you hear about us? _____

D. EXPERIENCE

1. List post High School leadership and occupational positions and give a brief description (examples: Offices held while in college, military, work place, etc.) List most recent employer first. Use additional paper if needed.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position

2. List Christian service experiences as a lay person and give a brief description (examples: Sunday school teacher, women's/men's ministries, visitation ministries etc.) List most recent experience first. Use additional paper if needed.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position

3. List academic and/or professional internships or practicums, include a brief description. List most recent experience first. Use additional paper if needed.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position

4. List pastoral experience as credentialed clergy. List most recent experience first. Use additional paper if needed.

Position held	Location name and full address and contact person	Month/Year you began and ended the position	Duties of the position	Hours per week

E. MILITARY DATA

1. Previous active duty military service. Branch: _____
Highest Grade/Rank Attained: _____ From Date: _____ To Date: _____
2. If separated, type of discharge received: _____
(A copy of your discharge must accompany this application.)
3. Previous or current Reserve/National Guard unit: _____
Name of organization

City & State
From Date: _____ To Date: _____ Grade: _____
4. What job(s) did you have while serving in the military? _____

5. Have you ever been rejected for military service? No Yes (if yes, please attach an explanation)

F. EDUCATIONAL DATA

1. College and seminary training (please use complete school names) beginning with the present and working back. Please submit a request to your official college and seminary for transcripts to be sent directly to: Dayspring international Leadership Network, P.O. Box 3634, Brookhaven, MS 39603.

Names of Colleges/Seminaries	City & State	Attended (Mo/Yr to Mo/Yr)	Major	Total Hours	Degrees Conferred
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
2. Clinical Pastoral Education No Yes # of units _____
Location(s) of CPE _____
3. Have you received crisis training such as Critical Incident Stress Management (CISM)? No Yes
Identify the courses you have taken: _____

4. Have you received training in Post Traumatic Stress Disorders (PTSD)? No Yes
If yes, what level of training did you receive? _____

5. Other special training or experience you have received to prepare for the chaplaincy: _____

6. If eligible for Standard or Advanced endorsement, what is the earliest date you wish to appear before the DILN Chaplaincy Board? (The DILN Board meets in June and also with an individual member online or by phone.)
 June _____ Online by Facetime, Skype or Oovoo _____
Year Year

G. REFERENCES

General references (as indicated below, other than relatives). In order for us to obtain meaningful information from those who know you well enough to evaluate your ministry talents, list at least one for each applicable category below. If you completed CPE, include your most recent CPE Supervisor. Note we may also request references from other points of contact listed in this application.

Name

Mailing Address

Diocese Official: _____

Minister/Pastor: _____

College: _____

Seminary: _____

Other: _____

Other: _____

Other: _____

CPE: _____

H. DISCUSSION

1. Prepare a personal testimony and attach it with this application. Include a discussion on your calling to chaplaincy ministry, steps you have taken to answer that call, and what you have done to acquaint yourself with the chaplaincy ministry of your choice.
2. List the spiritual practices you use to maintain your faith and fuel your spiritual passion.
3. How do you motivate and empower individuals to accomplish group and personal goals?
4. Explain how you have balanced the concerns of those to whom you minister and your own needs?
5. Explain the difference between professional and pastoral counseling. In which category do you place yourself? What processes do you use to refer clients?
6. List the rites and ceremonies you have performed.
7. How do you develop and implement a strategic plan? How do you create a budget to accomplish the goals of your plan?
8. Provide an illustration of how you have used mentoring or coaching skills.
9. What do you do for personal and family recreation?
10. Discuss your physical, spiritual, intellectual, family and social health.

APPLICANT'S STATEMENT--READ CAREFULLY!

Please enclose the \$45 application fee which will go toward your \$199.00 Chaplaincy fee and a recent, professional quality 4x6 or 5x7 photograph. Digital photographs are also accepted.

In consideration of the receipt and evaluation of this application by the DILN Chaplaincy Board, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge. I understand and agree that providing false or misleading information on this application is grounds for my immediate dismissal if I am endorsed.
- I will provide the DILN Board with immediate notice of any complaint of unethical conduct made against me in a civil, criminal, ecclesiastical, employment or another professional organization's forum. I will provide the DILN Board, or designee, in a timely fashion the information they request regarding the investigation, adjudication, dismissal or settlement of such complaint. Failure to report or provide accurate, full truthful information constitutes a violation of this Code. A finding of unethical conduct in one of these forums may lead to discipline by the DILN Board even if the event did not occur within the scope of the member's professional role as a chaplain or a situation over which the DILN Board would have jurisdiction.

Should my application be accepted, I agree to be bound by the bylaws and policies of the DILN Dayspring Chaplains and to refrain from any conduct in violation of the church's teachings.

- I understand and agree that nothing contained in this application for endorsement or in any pre-endorsement interview is intended to or shall create a contract between the DILN Chaplaincy Board and me for either employment or the providing of any benefit. I further understand that a criminal records check and a credit check may be conducted on me and I consent to any such check.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO THEM. THIS IS A LEGAL DOCUMENT, AND I UNDERSTAND THAT I MAY CONSULT WITH AN ATTORNEY PRIOR TO SIGNING IT.

Date: _____ Signature: _____
(Unsigned applications will not be considered)

Key point. If this application is returned by mail, please address it to **Attn: Dayspring International Leadership Network, Chaplaincy Ministries** and mark the envelope *Personal and Confidential*.

Be sure to include the following in your packet:

- ✓ \$45.00 Application Fee
- ✓ A Current Professional Quality Photograph (4x6 or 5x7)
- ✓ Discussion Questions, Testimony and Theology of Ministry Statement
- ✓ Don't forget to have official transcripts sent to DILN Dayspring Chaplaincy, P.O. Box 3634, Brookhaven, MS 39603

AUTHORIZATION FOR RELEASE OF INFORMATION

- I authorize any references, schools, current or former employers, current or former supervisors, federal, state, or local government agencies and military organizations, churches, or denominational agencies, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for ministry service. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I authorize any future employers, supervisors, churches, or denominational agencies, or any other person or organizations, to give you any information (including opinions) regarding my character and fitness for employment. I hereby release any individual, employer, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.
- I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS AN ACT OF MY OWN FREE WILL.** A facsimile or photocopy of this authorization shall be as valid as the original.

Date: _____

Signature: _____

(Unsigned applications will not be considered)