

References: Please list the names of three persons not related to you who know you well (one should be your pastor).

| Name | Address | Telephone | Relationship |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |

Length of Term: How long do you plan to serve with CSS? _____

If not long term, please explain? _____

Why do you wish to serve CCS? _____

Does your spouse (if applicable) agree with your desire to join CCS? _____

Are you a born-again Christian? _____ Date of Conversion: _____

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

Denomination: _____ Are you ordained? _____

By whom are you ordained? _____

Are you in agreement with the CCS Statement of Faith (on our website)? _____

Are you willing to take CCS training? _____

Commitment:

I have read the Statement of Faith, and hereby apply for service for the Lord with Community Chaplain Service as an Associate Chaplain.

Date: _____ Signature: _____