



**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: \_\_\_\_\_