

Endorsing Agency for:

The Associate Reformed Presbyterian Church (ARPC) • The Korean-American Presbyterian Church (KAPC)
 The Korean Presbyterian Church in America – Koshin (KPCA) • The Orthodox Presbyterian Church (OPC)
 The Presbyterian Church in America (PCA) • The Reformed Presbyterian Church of North America (RPCNA)
 United Reformed Churches in North America (URCNA)

Application for Military Chaplain Endorsement

Return pages 1-5 and all required documents using one of these two methods:

1. Create PDF print files of all application documents (Encrypt before sending if you prefer additional security) and send as attachments within emails to ChaplainMinistries@pcanet.org
2. FAX your application documents to 678-825-1252 (a secure method of transfer)
3. If you have questions about this subject, please call us at 678-825-1251 or email your question(s) to ChaplainMinistries@pcanet.org **Please do not send any paper application documents to the PRCC.**

Applicants should retain their original documents in case we might need to recreate any electronic media later.

PRINTED NAME IN FULL: _____

SSN _____ DATE _____

Applying for (Check one):

- | | | | |
|-------------------|-----|---------------------|-----|
| U.S. Air Force | () | Civil Air Patrol | () |
| Air Force Reserve | () | Air National Guard | () |
| U.S. Army | () | Army National Guard | () |
| U.S. Army Reserve | () | State Guard | () |
| U.S. Navy | () | U.S. Navy Reserve | () |

(REQUIRED Send a Full Body Photo as an attachment to ChaplainMinistries@pcanet.org)

Address: _____ **City/St** _____ **Zip:** _____

Phone: (H) _____ (W) _____ (C) _____

E-Mail Address: _____

1. **Denomination:** ARPC ___ KAPC ___ KPCA ___ OPC ___ PCA ___ RPCNA ___ URCNA ___
2. **Presbytery:** _____ **Member of** _____ **Church**
3. **Ordination** (include date, place, and ordaining authority): _____
4. **Date of birth:** _____ **Place of birth:** _____
5. **If naturalized,** give date of final papers: _____
6. **Height:** _____ feet _____ inches **Weight:** _____
7. **Marital status:** ___ Married ___ Widowed ___ Divorced ___ Separated ___ Single

8. **Wife's name:** _____

9. **Children** (Names & Birth-years.): _____

10. **If Military, provide past training or service if any** (give branch, rate, rank & dates of service): _____

11. **Education** (give full names of institutions and exact addresses. **Enclose transcripts for all completed courses – copies are acceptable**):

Name & Location of College _____

Dates you attended _____

Did you graduate? _____ Degree granted: _____

Name & Location of Seminary _____

Dates you attended _____

Did you graduate? _____ Degree Granted _____

Name & Location of other school(s) _____

Dates you attended _____

Did you graduate? _____ Degree(s) granted: _____

12. **Pastorates served:**

<u>Name of Church</u>	<u>Address (City/ST)</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **Teaching experience**, if any. Give dates, names of schools, and subjects taught:

14. **Present Occupation.** If pastor, give name of church: _____

15. **Athletic experience:** _____

Musical ability: _____

16. Business experience: _____

If now employed in addition to your ministry, state relative amount of time given to it:

17. To the best of your knowledge, can you say you are in excellent health and in good physical condition.

____ Yes ____ No (If 'No,' please explain) - _____

18. References. Give four names and addresses to include two teaching elders and two ruling elders of your denomination. (Make 4 copies of enclosed reference forms; one for each reference, and **send to them**)

<u>Name</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Attach additional information, if desired. Feel free to answer any of the above questions on extra pages. [NOTE: Item #20 is for first-time applicants only. Chaplain Candidates applying for the Chaplaincy only have to submit "Why I want to be a military chaplain."].

20. Enclose 3 brief (no longer than 1 page) papers:

- "What is Reformed Theology?"
- "Why I want to be a military chaplain"
- "This is my personal testimony"

21. Have your Clerk of Presbytery email me stating you are "a member in good standing of _____ presbytery."

22. Fees: Please make checks payable to 'Chaplain Ministries.'

____ \$100 if this is a first endorsement for the Chaplaincy. This includes the fee for a Background Check.

____ \$50 if you are a military Chaplain Candidate now applying for the Chaplaincy. This includes the fee for a Background Check

Mail your checks to:

**Mission to North America
PO Box 890233
Charlotte, NC 28289-0233**

Or pay online: <https://secure.pcanet.org/mna/donate/index.php>

STATEMENT OF INTENT

FOR MILITARY CHAPLAIN APPLICATIONS ONLY: I understand that if and when an Ecclesiastical Endorsement is written by the Executive Director of the Presbyterian and Reformed Commission on Chaplains and Military Personnel (PRCC) and furnished to the Personnel Section of the Office of the Chief of Chaplains, **I am committed to accept the commission and assignment**, if selected by the accessions board. I understand that acceptance of the commission for military active and reserve/national guard duty is not less than three years.

If and when I am selected for a Chaplain's commission I will immediately inform my Endorser, and assist the Executive Director in enlisting congregational and individual prayer support and sponsors situation changes (married, new children, etc.). In addition:

1. ___ I agree to pay the monthly dues fee as set by the Presbyterian and Reformed Commission on Chaplains and Military Personnel. The current fee schedule may be found in the PRCC Chaplains Manual, found on the PRCC website at www.prcc.co My initial endorsing fee of \$100.00 has been sent to
Mission to North America
PO Box 890233
Charlotte, NC 28289-0233.
2. ___ I agree to provide a tri-annual (Active Duty) or annual (Reserve Components) ministry report which is to be furnished to the Executive/Associate Endorsers, my Presbytery, and my supporting church(s). The online PRCC Chaplain Update Report Form can be found at www.prcc.co
3. ___ I also agree to update the PRCC administrative assistant each time my personal information or family situation changes. This includes leaving the program, approval for Active or Reserve ministry, etc.
4. ___ I agree to participate in my Presbytery insofar as possible and keep them informed of my seminary progress.
5. ___ I have discussed the above topics with the Executive and/or Associate Endorsers of the PRCC.
6. ___ I have read and understand the information in the current version of the PRCC Chaplain's Manual found on the PRCC Chaplain Ministries website at:

<https://pcamna.org/chaplain-ministries/chaplain-resources/chaplainmanual/>

I have discussed the above topics with the Executive and/or Associate Endorsers of the PRCC.

Printed Full Name: _____

Signed: _____ Date: _____

PRCC Background Check Authorization

Applicant:

As required by the PRCC Chaplain Commission, the last step in processing an application to be a PRCC chaplain is for us to run a criminal background, credit, and driving check on every applicant. Please complete this form, print it out, sign it, fax it to 678-825-1252, or scan and email it to ChapainMinistries@pcanet.org. Keep the original in your files.

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Email Address: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the PRCC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to PRCC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**The PRCC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested. I wish to receive a copy of any Background Check Report on me that is requested.

All PRCC Chaplaincy Applicants

AUTHORIZATION and RELEASE

Dr. James R. Carter
 CH (COL) USA, RET.
 Executive Director & Endorser
 5605 Lake Russell Road
 Mullins, SC. 29574
 jcarter@pcanet.org
 Cell: 954-850-2448

RE Gary Hitzfeld
 Associate Director -
 Administration
 6120 FM 953
 Cuero, TX 77954
 ghitzfeld@pcanet.org
 Phone: 678-825-1251
 Fax: 678-825-1252
 Cell: 678-386-4541

TE Mack Griffith
 CH (COL) USAR, RET.
 Associate Endorser - Military
 307 South Tee Drive
 Fairhope, AL 36532
 mgriffith@pcanet.org
 Cell: 828-371-0121

Dr. Michael Stewart, BCC
 APC Board Certified Chaplain
 Associate Endorser - Civilian
 Chaplaincy
 527 Double Churches Road
 Columbus, GA 31904
 mstewart@pcanet.org
 Cell: 706-329-3600

RE Bentley Rayburn
 USAF, Maj. Gen. Retired
 Chairman, PRCC Commission
 11654 Wildwood Ridge Drive
 Colorado Springs, CO 80921
 bbrayburn@msn.com
 Cell: (719) 200-6206

I hereby authorize any civilian agency, Department of Defense agency, military department, military chief of chaplains, and their respective office, organization, or supervisor, whether military or civilian, to provide any and all non-medical information related to my service, including, but not limited to, opinions concerning my character or fitness for ministry, (including unfavorable information, if any) to the Executive Director of the PRCC), and I hereby release any individual or civilian agency, any Department of Defense agency, military department, military chief of chaplains, and their respective office, organization or supervisor, whether military or civilian, providing such information, from any and all liability for damages of whatever kind or nature which may exist at any time on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

This authorization and release is given in consideration of the review of my application for endorsement or the continuation of endorsement.

A scan, facsimile, or photocopy of this authorization shall be valid as an original.

This authorization and release shall be valid from date of execution for as long as I remain on the roster of the PRCC.

Name (printed): _____

Signature: _____

Date: _____

REFERENCE FORM

Return this Reference Form using one of these two methods:

1. Create PDF print files of all application documents (Encrypt before sending if you prefer additional security) and send as attachments within emails to ChaplainMinistries@pcanet.org
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3. Please do not mail any Chaplain Reference Forms to the PRCC. Please keep or destroy the original.

Regarding: (Name of Applicant) _____

Elder's Name, Address, Phone: _____

The above named individual is applying for ecclesiastical endorsement as a chaplain. He has given your name as a reference, and we are asking your assistance in estimating his qualifications. In addition to the basic requirements of physical fitness, education, and successful ministry experience, it is essential that candidates shall be of strong moral and spiritual character, equipped and called for leadership among the men and women of the military forces where he will be representing our Lord Jesus Christ and our Church.

It is possible that you cannot reply to all questions. If you have no knowledge or opinion on any matter, please indicate by a dash after the question. But please reply as completely as possible, being entirely honest and candid. If your answers will not fit in the allotted space, please use the back of this form to complete your thoughts on the subject. What you write is confidential and will not be communicated to the candidate or go outside the commission.

1. How long have you known the applicant and in what capacity? _____
2. Is he a college graduate () seminary graduate ()? Seminary: _____

In your opinion:

3. Does he show a genuine concern for people? _____
4. Has he been successful in working with people? _____
5. Would you say his Christian convictions are deep-rooted? _____
6. Does he seem to have a constructive Gospel message to young people? _____
7. Does his preaching hold the interest of those listening? _____

8. Has he any special gifts or experiences that would add to his effectiveness as a Chaplain? _____

9. Has he any eccentricities that may hamper his effectiveness? _____

10. Please indicate, using numbers 1 through 5, with the highest being 5, the applicant's emphasis in the following areas as regards his preaching and teaching:

Evangelistic () Doctrinal () Devotional () Social Concerns ()

Personal and family relationships ()

11. Please check the columns below with your candid estimate of the candidate's personal qualities:

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>Notes:</u>
Spoken English	()	()	()	()	
Written English	()	()	()	()	
Health	()	()	()	()	
Voice	()	()	()	()	
Mental Abilities	()	()	()	()	
Sense of Humor	()	()	()	()	
Refinement	()	()	()	()	
Tact	()	()	()	()	
Initiative	()	()	()	()	
Cooperativeness	()	()	()	()	
Emotional Stability	()	()	()	()	
Moral Stability	()	()	()	()	
Common Sense	()	()	()	()	
Physical Appearance	()	()	()	()	
Leadership Ability	()	()	()	()	
Spiritual Maturity	()	()	()	()	

12. Has he or his family any personal, domestic, or social handicaps, which would put him at a disadvantage as a Chaplain? _____

13. Is he financially responsible? Does he exercise Biblical stewardship? _____

14. If the applicant is married is his domestic life congenial? Is he the head of the family?

15. If the applicant is married will his wife sympathize with and help him in his work as Chaplain? Do you believe she could handle long periods of separation as happens in the case of many military chaplains?

16. Would you recommend him as a candidate for the Chaplaincy? _____

17. Additional Information you wish to include: _____

18. If possible, please provide include names and phone numbers of two other individuals who know the applicant well:

(1) Name _____ Position _____

Phones _____

(2) Name _____ Position _____

Phones _____

Your Signature: _____ **Date:** _____

Current Occupation: _____

WE VERY MUCH APPRECIATE YOUR HELP.

Endorsing Agency for:

- The Korean-American Presbyterian Church • The Orthodox Presbyterian Church • The Presbyterian Church in America
- The Reformed Presbyterian Church of North America • The Korean Presbyterian Church in America (Koshin) •

United Reformed Churches in North America

**REPORT OF PERSONAL INTERVIEW
For Chaplain Applicants**

[NOTE: The PRCC Staff will arrange for this interview]

To the Interviewer: Thank you for conducting this interview. Your candid observations are essential to identify the best potential chaplains. Please complete Part I and II during the interview. Complete Part III immediately afterward, as you reflect on your impressions of the applicant.

Return all Application Documents using one of two methods:

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PART I. APPLICANT PERSONAL INFORMATION

Name: _____ Spouse: _____
 Address: _____
 Telephone: (H) _____ (W) _____ (C) _____
 Social Security Number: _____ Birth date: _____ Birthplace: _____
 Married: _____ Single: _____ Children's Names and Birth years: _____

Type of Chaplaincy for which you are applying: (check all that apply)
Military Chaplain

US Army *AD US Army Reserve Army National Guard
 US Navy AD US Navy Reserve
 Air Force AD US Air Force Reserve Air Guard
 * AD = Active Duty

1. Academic Preparation:

Baccalaureate: Name & location of School: _____
 Degree, Major, Year Granted: _____

M. Div: Name & location of School: _____
 Year M.Div. Granted: _____

Other Graduate Degrees: Name & location of School(s): _____
 Degree, Major, Year Granted: _____

2. Pastoral Preparation:

- Denomination: ARPC _____ KAPC _____ KPCA _____ OPC _____ PCA _____ RPCNA _____ URCNA _____

- Presbytery: _____ Location: _____

- Congregation Membership if not ordained: _____

- You have served as (check all that apply): Pastor (dates) _____
 Elder (dates) _____
 Deacon (dates) _____
 Missionary/Church Planter/Evangelist (dates) _____
 Other _____

- Military Service: Service and Dates: _____

a. Subjectively, how would you describe your pastoral experience(s) to date (check all that apply):

- My ministry has generally been fruitful unfruitful
- I have been generally happy unhappy in my pastorate
- My family has been generally happy unhappy in my pastorate.

Comments: _____

b. Why do you want to be a chaplain? _____

c. What spiritual gifts do you bring to the chaplain ministry? _____

d. Family:

1). Have your family members expressed opinions on your pursuing chaplain ministry?

Yes. Key people in my family are all supportive of this endeavor.

No. Key people in my family are not supportive of this endeavor. Family issues needing resolution before you enter the Chaplaincy include: _____

2) Have you prepared, if orders came, to leave your family and not see them again for up to a year at a time?

Yes No

3). Have you discussed with your wife the implications for your family in the military environment and ministry? Yes No

e. Are you in good health? Yes. No, I suffer from _____

f. What family health issues, if any, will influence your ability to minister as a chaplain?

g. The military culture is pluralistic. Diverse ethnic, racial, religious, and social groups participate in and develop their particular traditions and interest within the confines of the military structure. What Reformed and Presbyterian distinctives will be important in this kind of culture?

h. Reflect on your ability to cooperate with chaplains and others of radically different convictions, and to do so without compromising your own. _____

i. How will you respond if you as a chaplain are directed to perform in a manner contrary to your convictions and/or denominational tenets? _____

j. As a chaplain, will you:

Stay in regular contact with your denomination and presbytery? Yes No

Support the PRCC with the required professional endorsement fees? Yes No

Submit all required reports to the Commission in a timely way? Yes No

k. Are there any moral, financial or legal issues that might impact your acceptability as a future chaplain? (including internet porn, etc)

___ No ___ Yes (Please explain) _____

PART II. MILITARY ISSUES

1. **“I do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely and without any mental reservations or purpose of evasion; and that I will faithfully discharge the duties of the office upon which I am about to enter, so help me God.”**

This is the oath required to U.S. military officers, including chaplains. Are you prepared to take it?

___ Yes, I can take the oath in good conscience.

___ No, I cannot take the oath in good conscience.

2. Are you a U.S. citizen? ___ Yes ___ No, I am a citizen of _____

3. Height: _____ Weight: _____. Are you physically active (explain)? Yes ___ No ___

4. Are you available for worldwide deployment? ___ Yes ___ No

5. Would any of these be problems for you?

___ Lack of familiar surroundings ___ Lack of sleep ___ Lack of privacy or “personal space”:

___ Working on a team with ungodly, profane men ___ Constant mobility

___ A domineering boss ___ Responsibility for the safety of large numbers of people

___ Being outnumbered in a group decision ___ Imminent physical danger

6. Is there anything else I should know about your fitness to serve as a military chaplain? _____

This concludes your interview

Notes:

PART III. FOR THE INTERVIEWER ONLY

Please comment on the following:

	<u>Poor</u>	<u>Satisfactory</u>	<u>Excellent</u>
Applicant’s use of English	_____	_____	_____
Theologically sound	_____	_____	_____
Applicant’s clarity of expression	_____	_____	_____
Applicant’s bearing and posture	_____	_____	_____
Applicant’s grooming	_____	_____	_____
Applicant’s poise under pressure of interview	_____	_____	_____

I DO ___ DON’T ___ judge this applicant to be fully qualified for endorsement as a chaplain in the _____ (Service Branch).

Interviewer’s Signature

Date of Interview

Place of Interview