

# Occupational Chaplains Association Law Enforcement/Fire/Hospital/Hospice

## CHAPLAIN APPLICATION

Date: \_\_\_\_\_

<b>OFFICIAL USES ONLY</b>
Received _____
Check # _____
Amount _____
Deposit date _____
Shield requested? Y / N
Nickel / Gold
Date badge/shield mailed
_____

Name: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please circle which one you are applying for: Police/Fire Occupational Chaplain Hospital/Hospice

Phone: (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (must submit E-mail address)

Marital Status: (Check One)  Single  Married  Widowed  Separated  Divorced  Remarried  
*Please Check all that apply\* (If separated, divorced or remarried since conversion, please attach a SEPARATE summary statement. Divorced before conversion need not explain:*

Name of Spouse: \_\_\_\_\_

### **MILITARY EXPERIENCE** (if applicable)

Branch of Service: \_\_\_\_\_

Which years did you serve? \_\_\_\_\_

### **DENOMINATIONAL BACKGROUND**

All denominations that you are currently member of \_\_\_\_\_ Church Member?  Yes  No

Ministry status please check one below Church presently attending:  
 Ordained  Licensed  Christian Worker's Licensed  Church Endorsed Chaplain Date \_\_\_\_\_ :

## EDUCATIONAL BACKGROUND

**Educational area is optional and will be used only to qualify levels:** List any formal education you have received, beyond high school, including the names and locations of any schools you attended or from which you have graduated: Also list all specialized chaplain related training that you have completed

Name and location of school	Graduated?	Field of Study	No. of Yrs. Attended	Degree?
1)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List any specialties you have received training for in the field of chaplain ministry. All training must have documentation

List any chaplain experience that you have:

Are you working in harmony with leadership over you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you ever convicted of, or pled guilty to a misdemeanor or a crime other than a minor traffic violation in the last 7 years? (If yes, please attach an explanation.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you now under charges or investigation for any criminal offense? (If yes, please attach an explanation.) A criminal conviction will not necessarily disqualify you from chaplaincy endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have you ever been investigated by any social services organization? (if yes, please attach an explanation.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Are you willing to abide by our policies, educational and requirement levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Violation of our SOP or training requirements is ground for your removal as a Chaplain. Do you agree to voluntarily resign if you are found in violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Would like to become a partner with Occupational Chaplains by giving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
What level of chaplaincy are you applying for? Circle one	<b>Sponsor Level</b>	<b>Entrance Level</b>	<b>Intermediate Level</b>	<b>Professional Level</b>	<b>Senior/Trainer Level</b>

**(Unless you have chaplain experience or have specialized training you will start at Entrance level)**

**REFERENCES**

**If you are a UPCI pastor, ordained, or general licensed you do not need to fill out the references**

List the name, address and phone number of 2 personal references, who are acquainted with your ministry gifts and the history of your Christian service. Include your pastor or another pastor of an established congregation. Include area codes with your phone numbers.

1. \_\_\_\_\_  
 (Name) (Street Address) (City) (State) (Zip)

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(Home Phone) (Work Phone) (Fax Number)

(In what capacity do you know this person?)

2. \_\_\_\_\_  
 (Name) (Street Address) (City) (State) (Zip)

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(Home Phone) (Work Phone) (Fax Number)

(In what capacity do you know this person?)

**Include the following in written attachments**

**(If you are a UPCI pastor, ordained, or general licensed you do not need to fill out the written attachments)**

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
  - What have you done to acquaint yourself with the chaplaincy ministry of your choice
2. It is necessary for each chaplain to have a clear theology of ministry with a solid scriptural support base with the demands placed upon a chaplain due to the pluralistic (ministering to employees of other faiths) setting, and the extremely secular context in which ministry is done. Please include a short essays on your theology of ministry, addressing the following questions providing a scriptural basis for your conclusions. Keep in mind your context for ministry within the particular area of chaplaincy for which you are seeking endorsement.
  - How will you maintain your denominational uniqueness and traditions within this pluralistic setting?
  - What is the mission of the church? Specifically, how will being a chaplain facilitate or help to accomplish that mission?
  - How would you justify your existence as a chaplain within a secular institution?
  - If you are already serving as a chaplain, (a) describe the scope of your chaplaincy ministry (b) the number of hours per week (c) nature of the volunteer status.

## **Agreement**

I acknowledge and affirm that the information provided by me in this application, including all attachments and exhibits, is true and correct to the best of my knowledge. I hereby authorize the Chaplaincy Department, or its designee, to conduct a complete investigation of my background, character, reputation, and fitness to serve. This application shall constitute authority to all of my past and present employers, to all educational institutions I have attended, to all religious institutions and other organizations to which I have been associated, to all government entities (including criminal records check), and to any other person or entity having information about me, to fully disclose such information to the Chaplaincy Department. I authorize the making and retention of photocopies or facsimiles of all such information, and request that photocopies or facsimile copies be accepted on the same basis as original documents.

Date:

Signature:

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### **Complete and mail with the following items to**

**Department of Chaplaincy  
% William Dillon Director of Operations  
264 South Veterans Memorial Blvd  
Tupelo, MS 38804**

### **Application & Written Portion Pastoral Approval Form**

**2x2 Color Picture For ID Badge (email picture works best)**

**\$35 Processing fee**

**\$140 First Year Membership (total \$175.00)**

**\*You will receive a ID badge with your picture following approval as an OCA Chaplain  
which is included in the cost of your application\***

*If you desire a police style shield with UPCI Chaplain add  
Cost of Gold with Blue police style shield \$90.00 additional  
Cost of Nickel with Blue police style shield \$75.00 additional*

**OCA was designed to certify chaplains primarily for UPCI however we made provisions for other groups to join OCA. Chaplains applying who are not United Pentecostal church members will receive the same endorsement without the UPCI note on their badge. They will not be able to purchase the police style shield as it has UPCI stamped on it**

**2<sup>nd</sup> year renewal and thereafter \$85.00**

**Lori Ann Lunde' Dillon Email: [LoriAnn@plisolustions.com](mailto:LoriAnn@plisolustions.com)  
Phone: 662-346-1049 Fax: (662)840-6275 Attn: OCA**

