

# APPLICATION

## FOR ECCLESIASTICAL ENDORSEMENT



**THE DEPARTMENT  
OF MILITARY CHAPLAINCY,  
UNITED PENTECOSTAL CHURCH  
INTERNATIONAL**

**36 Research Park Court  
Weldon Spring, MO 63304  
636-229-7900 x7959**

[rrobinson@upci.org](mailto:rrobinson@upci.org)

[www.edu.upci.org/dept-of-chaplaincy](http://www.edu.upci.org/dept-of-chaplaincy)

**Check your preferred branch of service:**

- Air Force
- Army
- Navy
- Veterans Affairs

**You are currently applying for:**

- Chaplain Candidate
- Active Duty
- Reserves
- National Guard
- Veteran Affairs

**Office Use Only:**

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

- College Transcripts
- Seminary Transcripts
- Personal Testimony / Philosophy of Ministry Statement
- Photo
- References Sent
- Military Chaplain Endorsement Responsibilities & Requirements
- Military Chaplain Candidate Program Responsibilities & Requirements
- VA Chaplain Requirements & Responsibilities
- Entered in Excel
- \$25 non-refundable application fee

Minister's Acct. # \_\_\_\_\_

**INSTRUCTIONS:** Please print or type answers to all questions. This form is fillable. If you need more space, use a separate sheet and attach it to this application.

### A. PERSONAL DATA

1. Name: \_\_\_\_\_  
Last
First
Middle

2. Date of birth: \_\_\_\_\_ 3. SSN: \_\_\_\_\_

4. Home address: \_\_\_\_\_  
Street or Box
City
State
Zip

5. Home phone: \_\_\_\_\_ 6. Cell: \_\_\_\_\_ 7. Office phone: \_\_\_\_\_

8. Office name/address: \_\_\_\_\_

\_\_\_\_\_ Street or Box \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

9. Home email: \_\_\_\_\_ 10. Office email: \_\_\_\_\_

11. Are you a United States citizen?  Yes  No (If no, enclose a copy of your authorization to legally work in the United States.) Does the country of your citizenship have a military agreement with the U.S.?  Yes  No

12. Height: \_\_\_\_\_ 13. Weight: \_\_\_\_\_ 14. Have you any physical disabilities?  Yes  No

15. Have you ever been hospitalized?  Yes  No If yes:  Physical  Emotional. Nature of illness:

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16. Are you physically able to perform the essential functions of the ministry position for which you are applying with or without reasonable accommodation?  Yes  No (If no, please explain)

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17. Have you ever been arrested for, convicted of, or pled guilty to a misdemeanor or a crime other than a minor traffic violation?  Yes  No

18. Are you now under charges or investigation for any criminal offense?  Yes  No (If yes, please attach an explanation.) A criminal conviction will not necessarily disqualify you from chaplaincy endorsement.

19. Have you ever been investigated by any social services organization?  Yes  No (If yes, please attach an explanation.)

20. Are you in Debt?  Yes  No If yes, explain your current level of financial indebtedness?

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21. Have you ever filed for bankruptcy?  Yes  No If yes, explain:

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### **B. FAMILY AND MARITAL DATA**

1. What is your marital status?  Single  Married  Divorced  Widowed

If married, date of marriage: \_\_\_\_\_

2. Have you been previously married?  Yes  No (If yes, please provide the dates of this marriage, and the names and ages of your children from this previous marriage.)

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3. Spouse's name: \_\_\_\_\_ 4. Spouse's date of birth: \_\_\_\_\_

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 age of each. \_\_\_\_\_

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### **C. MINISTERIAL AND SPIRITUAL DATA**

1. Date / location baptized by immersion in Jesus' name: \_\_\_\_\_

2. Date / location filled with the Holy Ghost speaking in tongues: \_\_\_\_\_

3. Do you agree with, believe in and preach the fundamental doctrine of the United Pentecostal Church International? \_\_\_\_\_

4. Do you affirm the Articles of Faith of the United Pentecostal Church International?  
\_\_\_\_\_

5. Do you have any doctrinal beliefs in variance with the teachings of the United Pentecostal Church International? Yes No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

6. What is your current level of ministerial credentials: \_\_\_\_\_  
Please provide date and district of licensing (if not UPCI, list your organization):  
\_\_\_\_\_

7. Date and district of ordination (if not UPCI, include your organization):  
\_\_\_\_\_

8. Present district of affiliation (If not UPCI, include your organization):  
\_\_\_\_\_

9. Local church affiliation (If not UPCI, include your organization):  
\_\_\_\_\_

10. Have you ever been disciplined as a minister for any reason, to include moral failures?  
\_\_\_\_\_

11. Have you previously applied for denominational approval or endorsement? \_\_\_\_\_

12. What disposition was made of your application? \_\_\_\_\_

13. How did you hear about us? \_\_\_\_\_

**D. EXPERIENCE**

1. List post High School work experience and give a brief description. List most recent employer first. Use additional paper if needed.

<b>Position held</b>	<b>Location, name and full address</b>	<b>Month/year you began <u>and</u> ended position</b>	<b>Duties of the position</b>

2. List ministry experience with most recent experience first. Use additional paper if needed.

<b>Position held</b>	<b>Location, name and full address</b>	<b>Month/year you began <u>and</u> ended position</b>	<b>Duties of the position</b>	<b>Hours per week</b>

**E. 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: The Department of Military Chaplaincy, UPCI, 36 Research Park Court, Weldon Spring, MO 63304.

<b>Type</b> <small>(college/seminary)</small>	<b>Place</b>	<b>Years Completed</b>	<b>Year Graduated</b>	<b>Type Degree</b>


2. Clinical Pastoral Education Yes No If yes, # of units: \_\_\_\_\_

Were any of these extended units? \_\_\_\_\_ Location(s) of CPE: \_\_\_\_\_

3. Have you received training in Critical Incident Stress Management (CISM)? Yes No

If yes, what level of training did you receive? \_\_\_\_\_

4. Have you received training in Post-Traumatic Stress Disorders (PTSD)? Yes No

If yes, what level of training did you receive? \_\_\_\_\_

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

6. If applying for the Chaplain Candidate program, when do you wish to proceed?

Immediately Alternative date? \_\_\_\_\_

7. If applying for Active Duty, Veterans Affairs, Reserves or National Guard, what is the earliest date you wish to be processed? \_\_\_\_\_

### F. MILITARY DATA

1. Previous active duty military service: Yes No If yes, Branch of Service: \_\_\_\_\_

Highest Grade/Rank attained: \_\_\_\_\_ From Date: \_\_\_\_\_ to Date: \_\_\_\_\_

(Attach a copy of your military biography or your officer or enlisted record brief)

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

4. What job(s) did you have while serving in the military? \_\_\_\_\_

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5. Have you ever held a security clearance? Yes No What level of classification: \_\_\_\_\_

Have you ever had a security clearance revoked? Yes No (If yes, attach a separate explanation).

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

**G. QUESTIONS FOR THE SPOUSE (If Applicable)**

1. Please list experience you have had in ministry, whether or not you are a licensed minister.

<b>Position held</b>	<b>Location, name and full address</b>	<b>Month/year you began <i>and</i> ended position</b>	<b>Duties of the position</b>	<b>Hours per week</b>

2. Explain to what extent you share your spouse's burden for military chaplaincy ministry.

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3. What has been the most difficult area of adjustment regarding this application for military chaplaincy ministry? \_\_\_\_\_

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4. What do you anticipate as being your greatest area of adjustment? \_\_\_\_\_

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5. Do you have any apprehensions or reservations about serving and/or ministering in the military?

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6. What qualifications and/or past experiences do you have that make you a fit for this area of service?

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7. What is your concern regarding your children in reference to pursuing this area of ministry?

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8. How would you assess your children's thinking about joining and ministering in the military?

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9. Do any of your children have special needs? Explain: \_\_\_\_\_

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10. As your marriage relationship and harmony in your home is to be an example to the military families that you will serve, do you fulfill your responsibilities within your marriage as mandated by Ephesians 5:22-33. Explain:

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11. How would you explain your potential role as a chaplain spouse?

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12. Do you feel comfortable that you would make a good chaplain spouse? Explain:

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## H. 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 of 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	Email Address/Telephone
District Official: _____	_____
Minister/Pastor: _____	_____
College: _____	_____
Seminary: _____	_____

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

CPE: \_\_\_\_\_

**I. ADDITIONAL ATTACHMENTS**

1. Prepare a **Personal Testimony/Philosophy of Ministry Statement** and attach it with this application. Include a discussion on your philosophy of ministry that articulates your understanding of ministry, your calling to military chaplaincy ministry, steps you have taken to answer that call, and what you have done to acquaint yourself with the military chaplaincy ministry of your choice. Also, list the spiritual practices you use to maintain your faith and fuel your spiritual passion, and explain how you have balanced the concerns of those to whom you minister and your own needs.
2. Current Professional Quality Photograph (4x6 or 5x7). Digital photographs are also accepted.
3. Military Chaplain Candidate Program Responsibilities and Requirements Statement or Military Chaplain Endorsement Responsibilities and Requirements Statement (*whichever is applicable*)
4. Personal Testimony / Philosophy of Ministry Statement.
5. Don't forget to have official transcripts sent to The Department of Military Chaplaincy, UPCI, 36 Research Park Court, Weldon Spring, MO 63304.
6. A \$25.00 non-refundable application fee, via check or money order, must accompany this application. (*Make check payable to: OEE.*)

**Key point.** If this application is returned by mail, please address it to: *The Department of Military Chaplaincy, UPCI* and mark the envelope *Personal and Confidential*.



**APPLICANT’S STATEMENT – READ CAREFULLY!**

In consideration of the receipt and evaluation of this application by the Department of Military Chaplaincy, UPCI (DMCU), 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 DMCU 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 DMCU, 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 DMCU 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 DMCU would have jurisdiction.

Should my application be accepted, I agree to be bound by the bylaws and policies of the DMCU 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 DMCU and me for either employment or the providing of any benefit. I further understand that a criminal record 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 UNDERSTANT THAT I MAY CONSULT WITH AN ATTORNEY PRIOR TO SIGNING IT.**

Date: \_\_\_\_\_ Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
(Unsigned applications will not be considered)

Date: \_\_\_\_\_ Spouse Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_  
(Unsigned applications will not be considered)

## **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 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 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: \_\_\_\_\_ Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
(Unsigned applications will not be considered)

Date: \_\_\_\_\_ Spouse Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_  
(Unsigned applications will not be considered)

Date: \_\_\_\_\_ Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_  
(Unsigned applications will not be considered)