



Pastoral Approval Form

I hereby give _____ my approval and blessing to work as Chaplain.

- I understand that he/she as a chaplain will be working under the direction of the local pastor and church but certified as an Occupational Chaplain. In this way bring credibility and organize to our chaplains into a connected team within the Department Of Chaplains (DOC)
- I understand that being certified as OCA Chaplains does not make the chaplain a minister, a pastor or in anyway bypass the leadership of the local church. Being a chaplain is a tool to aid in the outreach of the local church as well as develop workers for the kingdom.
- I understand that OCA Chaplains reserves the right to revoke any chaplain's affiliation with DOC at any time the local pastor signing this document also reserves the right to request revocation at pastor's discretion.
- One of our goals is that in the event of a disaster we will have working trained chaplains available to represent the UPCI.

Pastor's signature _____ Date: _____

We have tested and proven the effectiveness of this ministry by the souls being reached and won to the kingdom. As with any newly starting ministry within the UPCI there is a lack of funding. If you could find it in your heart to support us on a monthly bases please send it to Division of Education % of department of Chaplaincy Attention Chaplain Dillon.

I thank you in advance for your support.

William Dillon

OCA Director

- We would like to help sponsor the chaplain ministry with a donations of:
- _____ one time offering
- _____ monthly support