



INTERNATIONAL FELLOWSHIP OF CHAPLAINS, INC.

P.O. Box 1004, Temple TX 76503-6130
(989) 753-3211 FAX (989) 753-3238
www.ifoc.org chaplains@ifoc.org



I.F.O.C. LICENSE & CREDENTIALS APPLICATION CHECKLIST

Your Chaplaincy Application packet must include all REQUIRED documentation listed on this checklist. Incomplete application packets will be returned. Please keep a copy of ALL pages of your application for your files.

Application packets can be scanned & emailed to: Chaplains@ifoc.org
(Applications with payment by check or money order must be mailed)

✓ **Check** off the document list below as you prepare your application packet.

- 1) ___ Application Checklist (**PLEASE RETURN THIS SHEET WITH YOUR APPLICATION**)
- 2) ___ Copy of valid driver's license
- 3) ___ Payment Application Form with Payment of One Time \$250 Application fee **and** \$250 Annual Dues (\$500 Total)
- 4) ___ License and Credentials Application Form
- 5) ___ Up-to-Date Personal Resume
- 6) ___ List Community Service experiences
- 7) ___ Pastor or Overseer Recommendation Form
- 8) ___ Recommendation letters from two (2) business people
- 9) ___ (Optional) Recommendation letter from an IFOC Chaplain. (if you know one)
- 10) ___ Copy of I.F.O.C. Chaplaincy Course 'Certificate of Completion'
- 11) ___ Copy of Ministerial and/or Ordination License (if applicant is credentialed by another organization)
- 12) ___ **National** Criminal History report from any vendor (applicant may obtain report from A.P.I.A. fee using attached form-\$50 fee)
- 13) ___ Passport photo (NOT required if photo was taken in class)

Initial *I acknowledge that my contact information (name, address, phone number, email address) will be shared with I.F.O.C. staff and I.F.O.C. Corps leadership. (This information is NOT shared outside of I.F.O.C. without your written permission)*

Location of Basic Chaplaincy Class attended

Date of class

*I have read & agree with the
I.F.O.C. STATEMENT OF FAITH, STANDARD OF CONDUCT AND ETHICS*

Signature

Print Name

Date



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PAYMENT APPLICATION FORM (Please include this form with application packet)

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____ / _____ EMAIL: _____
Primary Secondary

IFOC BASIC CHAPLAIN CLASS ATTENDED _____
Date Location

SOCIAL SECURITY NO.: (last 5 #'s only) _____

One Time Application Fee:
\$250.00, PLUS

Annual Dues Amount:
\$250.00 per Year
(Total \$500.00)

(includes liability insurance
with errors and omissions)

To avoid a lapse in your credentials,
**your annual renewal *MUST* be received
before expiration date on IFOC ID Card**
(not renewed automatically)

Payment Method: (Please do not send cash)

____ Check or Money Order# _____

____ Visa ____ MC ____ Discover ____ AMEX
Card Number:

____ / ____ / ____ / ____

Expiration Date: ____ / ____ CVV # ____
mm / yy

Signature: _____

*** *FOR OFFICE USE ONLY* ***

Member # _____ Received by: _____

IFOC Representative

Date ACTIVATED: _____

Expire date: ____ / ____ / ____ Ordained Licensed

Credit Card confirmation number: _____ Date processed: _____

Allow 8 weeks for processing & receipt of application packet



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LICENSE & CREDENTIALS APPLICATION FORM (Page 2 of 2)

MINISTRY HISTORY

POSTION	DATES	RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION (Last 5 Years)

NAME OF EMPLOYER	TYPE OR WORK	DURATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY DATA – FOR EMERGENCY USE ONLY

MARITAL STATUS: M___ S___ D___ SPOUSE COMPLETE NAME _____

Parents or current person who will always know of your whereabouts (other than spouse)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone _____

MILITARY DATA

_____/_____/_____/_____/_____
Branch Duty Title Dates Highest Type of Discharge

CRIMINAL HISTORY – CONVICTIONS & PENDING CONVICTIONS

IF NONE, STATE NONE. IF YES, PLEASE EXPLAIN:

NOTE: Application must include a copy of a recent (last 12 months) National Criminal History Report.



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PASTOR OR OVERSEER RECOMMENDATION FORM

Applicant Instructions: MUST BE COMPLETED BY pastor/spiritual overseer & submitted with application.

Pastor/Spiritual Overseer Instructions: Return form to applicant in a sealed envelope (do not send to IFOC).

Chaplain Applicant Name _____

Pastor Name (print) _____

Pastor Name (signature and phone #) _____

Church Name/phone # _____

Please indicate the words most closely describing the applicant.

- Member in good standing Not a member Attends regularly Does not attend regularly
- Highly dedicated Dedicated Low dedication Cooperative Uncooperative
- Divisive

Does the Applicant serve a function on your church staff? yes no If yes, indicate position & how long.

How do you see the applicant as a spiritual person?

Understanding that Chaplaincy is a Samaritan ministry done outside the church body, provide an example of the applicant faithfully performing such ministry, or where they are qualified. Active in Samaritan ministry

Do you see the applicant aspiring as a Chaplain? Yes No

What area do you see the applicant excelling in?

What indication have you noticed that would qualify the applicant to perform as a Chaplain?

Do you recommend the applicant for a Chaplaincy License with The International Fellowship of Chaplains, Inc.

- Yes No If No, Please explain on the reverse side

Thank you Pastor, for taking the time to answer these questions. We pray blessings on you and your congregation.

Please return this form to applicant

(do not send directly to IFOC).

A.P.I.A.

Arizona Private Investigation Agency, LLC

1830 E. Broadway #124-409 Tucson, AZ 85719 Phone: (520) 975-4174 Email: Bart@azpiagency.com AZDPS License # 1001946

APIA is proud to provide comprehensive Background Investigations for the International Fellowship of Chaplains at the reduced rate of \$50.00 per background investigation.

Specific information is required prior to conducting the background investigation and all requests must comply with the Fair Credit Reporting Act and other Federal laws and employment regulations governing background investigations. For this reason our “Background Investigation Authorization Form” is required to be submitted before a background investigation can be initiated.

To take advantage of this service, applicant must follow the steps listed below. To mail the form, copy and complete the background investigation form then mail it along with a check, money order or cashier’s check to:

APIA, LLC
1830 E. Broadway #124-409
Tucson, AZ 85719

It is highly recommended using registered mail for tracking purposes

To email the application and pay online, go to www.azpiagency.com

1. Click on the Background Investigation tab at the top right of the first page then click on the Background Authorization Form found below the instructions on that page.
2. Print out the form
3. Fill out the form and sign at the bottom. All forms must have an original signature or it will be rejected.
4. Scan the form and email it to Bart@azpiagency.com OR mail the completed and signed form along with your payment as described above.
5. Payment in the amount of \$50.00 USD is required to process the Background Investigation request. Payment may be made by credit card or debit card using the PayPal button found on the website page.
6. When the background investigation has been completed, a copy will be emailed to the applicant. APIA will mail a copy of the investigation to the applicant using Registered Mail, Return Receipt Requested for an additional fee of \$15.00 to cover the cost of the postage.

A.P.I.A.

Arizona Private Investigation Agency, LLC AZ DPS License # 1001946

1830 E. Broadway #124-409 Tucson, AZ 85719 Phone: (520) 975-4174 Email: Bart@azpiagency.com

CONFIDENTIAL

Background Investigation Authorization Form

(Note: Applicant to send this form, with payment to A.P.I.A.)

(Applicant is responsible for submitting A.P.I.A.'s report in their application packet)

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: _____ Cell Phone: _____ Other: _____

Drivers License Number _____ State : _____ Email: _____

By signing below I hereby certify the information contained in this application is true and accurate to the best of my knowledge.

I _____ hereby authorize the Arizona Private Investigation Agency, LLC 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 to divulge any and all information, verbal or written, pertaining to me, to the Arizona Private Investigation Agency, LLC 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 Arizona Private Investigation Agency, LLC 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.

I also authorize the Arizona Private Investigation Agency, LLC to release a copy of the background investigation report directly to the International Fellowship of Chaplains, Inc. upon IFOC's request.

Signature: _____ Date: _____



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I.F.O.C. Background Investigation Waiver Request

I, (Full Name) _____ possess a valid government photo identification card issued by _____.

This ID was issued _____ and Expires _____.

Reason for having this Identification Card: _____.

I hereby certify that I was required to submit a fingerprint classification card to the above listed governmental agency as a requirement for this card to be issued and that a full background investigation was completed by the issuing agency.

Attached is a scanned image of both sides of this identification card.

To verify this information please contact _____ by phone _____ or by email _____.

Applicant Full Name _____ Date _____

Applicant Signature _____



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I.F.O.C. STATEMENT OF FAITH, STANDARD OF CONDUCT AND ETHICS

Preamble

The International Fellowship of Chaplains, Inc. (IFOC) is committed to doctrines and theologies of both the Old and New Testaments as the definitive and authoritative rule of faith and practice. The chaplains of the IFOC will exemplify both the faith and conduct of a pastoral counselor whose counseling basis is guided by the standards of the Holy Scripture.

The following Statements of Faith contain essential beliefs necessary for membership as a Chaplain with the International Fellowship of Chaplains, Inc.

Therefore, we affirm:

- That the Bible is the inspired, the only infallible and authoritative Word of God;
- That there is one God, eternally existent in three persons: Father, Son and Holy Ghost;
- The deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory;
- That for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential;
- That a person becomes justified by grace through faith and forgiveness in the Lord Jesus Christ;
- That present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life;
- The spiritual unity of believers in our Lord Jesus Christ and His church;
- The lives of our chaplains will exemplify the standards set forth in the Holy Scripture as defined and suggested by (1) the persons ecclesiastical converting doctrines and theologies, and (2) when serving at another agency, institution or Christian institution, the IFOC chaplain will become subject to their standards and rules within and subject to their ecclesiastical doctrines and theologies.

The IFOC chaplain performs his/her service as part of the ministry of Christ's church, embracing thereby the values of Christianity. He/she upholds and supports the common bond of fellowship, faith and unity as prescribed in the Scripture and seeks to establish a relationship between the counselee and a loving God within the framework of the Body of Christ. Certification by the IFOC is contingent upon continued good standing in the church subscribing to the doctrines contained in the above statement of faith.

Tenet Prologue

As members of the International Fellowship of Chaplains, Inc., we are committed to the various theologies, traditions and values of our faith communities and to the dignity and worth of each individual. We are dedicated to advancing the welfare of those who seek our help and assistance and to the maintenance of high standards of professional conduct and competence. We are accountable for our ministry whatever its environment. This accountability is expressed in relationships, to clients, colleagues, students, our faith communities, and through the acceptance and practice of the principles and procedures of this Code of Ethics.

In order to uphold our standards, as members of the IFOC, we covenant to accept the following foundational premises:

- a) To maintain responsible association with the faith group in which we have ecclesiastical understanding.
- b) To avoid discriminating against individuals we minister to on the basis of race, color, gender, sex, sexual orientation, religion, or national origin.
- c) To manage our personal lives in a healthful fashion and to seek appropriate assistance for our own personal problems or conflicts.
To establish and maintain appropriate professional relationship boundaries.

The International Fellowship of Chaplains, Inc,
Statement of Faith, Standard of Conduct and Ethics

Tenet II – Professional Practices

In all professional matters, members of the IFOC will maintain a standard of conduct that protects the public and advances Chaplaincy in regards to pastoral counseling.

- a) We use our knowledge and professional relationships for the benefit of the people we serve and not to secure unfair personal advantage.
- b) We clearly represent our level of skill and training, and limit our pastoral counseling to that level.
- c) We are prepared to render services to individuals and communities in crisis without regard to financial remuneration when necessary.
- d) We neither receive nor pay a commission for pastoral counseling client referrals.
- e) We conduct our individual practice, regional and Corporate fiscal affairs with due regard to recognized business and accounting procedures.
- f) Membership and client names and records shall be held in strictest confidence.
- g) We shall be careful to represent facts truthfully to all interested parties, referral sources, and third parties regarding credentials and pastoral services rendered. We shall correct any misrepresentation of our professional qualifications or affiliations.
- h) We do not malign colleagues or other professionals.

Tenet III – Client Relationships

It is the responsibility of members of the IFOC to maintain relationships with those we serve on a professional basis.

- a) We do not abandon or neglect the individuals we serve. If we are unable, or unwilling for appropriate reasons, to provide help or continue a professional relationship, every reasonable effort shall be made to refer the individual to an appropriate resource.
- b) We make only realistic statements regarding the pastoral counseling process and its outcome.
- c) We show sensitive regard for the moral, social, and religious standards of clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral counseling process.
- d) We do not engage in harassment, abusive words or actions, and exploitative coercion of clients or former clients.
- e) All forms of sexual behavior or harassment with those we serve are unethical, even when a client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not limited to, all forms of overt and covert seductive speech, gestures, or behavior.

The IFOC Chaplains' lives should represent the above tenets.

Tenet IV – Confidentiality

As members of the IFOC, we respect the integrity and protect the welfare of all persons with whom we are working and have an obligation to safeguard information about them that has been obtained in the course of membership and the pastoral counseling process.

- a) All records kept on a client and membership are stored and/or disposed of in a manner that assures security and confidentiality.
- b) We treat all communications from clients with professional confidence.
- c) Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients. It is our responsibility to convey the importance of confidentiality, this is particularly important when the supervision is shared by other professionals, as in a supervisory group.
- d) We do not disclose client confidence to anyone, except as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person (as client), written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.
- e) No audio and/or video tape recording or permitting third party observation of sessions will be allowed.
- f) We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, and the physically or mentally incompetent, murder, threat of murder, or suicide, etc.