

**I.F.O.C. MEMBERSHIP & CREDENTIALS
APPLICATION CHECKLIST**

Your Chaplaincy Application packet must include all REQUIRED documentation listed on this checklist. Incomplete application packets will not be processed.

✓ **Check** the documents listed below as you prepare your application packet.

<input type="checkbox"/>	Application Checklist (PLEASE RETURN THIS SHEET WITH YOUR APPLICATION)
<input type="checkbox"/>	Completed Membership Payment Form
<input type="checkbox"/>	Completed Application for Membership Form
<input type="checkbox"/>	National Criminal History report <i>obtained from</i> www.Hunt-Investigations.com or FBI.gov
<input type="checkbox"/>	Pastor or Overseer recommendation (or an Ordained Minister for applicants who are a pastor)
<input type="checkbox"/>	Payment of One Time \$250 Application fee <i>and</i> \$250 Annual Dues ** (\$500 Total)
<input type="checkbox"/>	Up-to-Date Personal Resume
<input type="checkbox"/>	List Community Service experiences
<input type="checkbox"/>	Copy of Certificate of Completion from Basic Chaplaincy Course
<input type="checkbox"/>	Recommendation letters from two (2) business people
<input type="checkbox"/>	Copy of valid driver's license
<input type="checkbox"/>	2 passport type photos (clear enough to produce ID) or photo on disk (if not taken in class)
<input type="checkbox"/>	If Licensed or Ordained by another organization include a copy of Ministerial License and/or Ordination certificate.
<input type="checkbox"/>	(Optional) Recommendation of a Chaplain.
<hr/>	
Location of seminar attended	Date of seminar attended
** Annual Dues contributes to the expense of liability insurance with errors and omissions	

**I have read & agree with the I.F.O.C., Inc.
Standard of Conduct & Code of Ethics**

Signature

Print name

Date

MEMBERSHIP PAYMENT FORM
(Please send this form with application or renewal)

INTERNATIONAL FELLOWSHIP OF CHAPLAINS

P.O. BOX 5922 ● Saginaw, MI 48603
989-753-3211 ● FAX 989-753-3238
www.ifoc.org ● chaplains@ifoc.org

NEW MEMBER* _____

NAME: _____
Last First middle

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____ / _____ email: _____
Home Cell

IFOC BASIC CHAPLAIN CLASS ATTENDED _____
Date location

Social Security No: (last 5 #'s only) _____

Payment Method: (Please do not send cash)

*** One Time Application Fee:**

* \$250.00, PLUS

Annual Dues Amount:

\$250.00 per Year

(includes liability insurance
with errors and omissions)

_____ Check or Money Order# _____

_____ Visa _____ Mastercard _____ Discover

Card Number: _____ / _____ / _____ / _____

Expiration Date: ____ / ____
mm / yy

Signature: _____

To avoid a lapse in your credentials,
**your annual renewal *MUST* be
received by**

**(Feb. 1 when expiration is Mar. 1) OR
(Aug. 1 when expires Sept. 1)
(not renewed automatically)**

* HARSHIP INSTALLMENT plan handled individually

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

Member# _____ Received by: _____
IFOC Representative

Date ACTIVATED: _____

Expire date: ____ / ____ / ____ _____ Ordained _____ Licensed

Credit Card confirmation number _____ date processed _____

PLEASE ALLOW UP TO 8 WEEKS FOR ID AND CERTIFICATES

APPLICATION FOR MEMBERSHIP & CREDENTIALS FORM (Page 1 of 2)

<p><i>International Fellowship of Chaplains</i> P.O. Box 5922 • Saginaw MI 48603 (989) 753-3211 • Fax (989) 753-3238 www.ifoc.org chaplains@ifoc.org</p>	<p>CHAPLAINCY DESIGNATION (Check One)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Jail</td> </tr> <tr> <td><input type="checkbox"/> Search & Rescue</td> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Juvenile</td> </tr> <tr> <td><input type="checkbox"/> Nursing Home</td> <td><input type="checkbox"/> Hospice</td> <td><input type="checkbox"/> Court</td> </tr> <tr> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Collegiate</td> <td><input type="checkbox"/> Fire</td> </tr> <tr> <td><input type="checkbox"/> Motor Cycle</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Sports</td> </tr> </table> <p align="center"><input type="checkbox"/> Community Service</p> <p>If chaplaincy designation is not checked, Community Service (CS) applies.</p>	<input type="checkbox"/> Police	<input type="checkbox"/> Industrial	<input type="checkbox"/> Jail	<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Hospital	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospice	<input type="checkbox"/> Court	<input type="checkbox"/> Transportation	<input type="checkbox"/> Collegiate	<input type="checkbox"/> Fire	<input type="checkbox"/> Motor Cycle	<input type="checkbox"/> Military	<input type="checkbox"/> Sports
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<input type="checkbox"/> Motor Cycle	<input type="checkbox"/> Military	<input type="checkbox"/> Sports														
<p align="center">APPLICATION FOR MEMBERSHIP Yearly Membership \$250.00/year (includes Errors & Omissions Liability Insurance) Renewal due annually to avoid lapse in credentials, Due Feb. 1 when license expires March 1, or Aug. 1 when license expires Sept 1.</p>																

PERSONAL DATA			
NAME _____			
Last	First	Middle	Preferred Name
ADDRESS _____			
Street	City	State	Zip
PHONE _____			
Home	Work	E-Mail	
SOCIAL SECURITY #(last 5 numbers) _____		Date of Birth _____	

MINISTRY DATA						
Name of Church/Organization _____						
_____ / _____ / _____ / _____ / _____ / _____						
Address	City	State	Zip	Telephone	Fax	
MINISTERIAL RANK (Please submit copy of certificate)						
Exhorter: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number _____		Duration: To _____		From _____
Licensed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number _____		Duration: To _____		From _____
Ordained: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number _____		Duration: To _____		From _____

MINISTRY AND COMMUNITY SERVICE HISTORY		
POSITION	DATES	RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FOR MEMBERSHIP & CREDENTIALS FORM (Page 2 of 2)

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: All applications must include a National Criminal History Report (available from www.Hunt-Investigations.com or form below)

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P.O. BOX 5922 ● Saginaw, MI 48603

989-753-3211, ● FAX 989-753-3238

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National Criminal History Report

IFOC membership requires a national criminal history report. Hunt Private Investigations is proud to support the IFOC by offering members a special IFOC reduced rate for background checks. Please include payment of \$50.00 with the Hunt Private Investigations background check release form.

IFOC NATIONAL CRIMINAL HISTORY REPORT INCLUDES:

Name, SSN, & DOB verification

Address History

National criminal history check

A copy of your background report

IFOC Discounted rate: \$50 per check

To request your IFOC national criminal history, fill out the attached form and mail with \$50.00 to:

Bill Hunt, CEO/Qualified Manager Lic#25397

Hunt Private Investigations

24881 Alicia Pkwy., Suite E271

Laguna Hills, CA 92653

Include a copy of the national criminal history report from Hunt Private Investigations with your membership application.



Ca. Lic# 25397

NATIONAL CRIMINAL HISTORY CHECK FORM

Send this form with a \$50.00 check to
HUNT PRIVATE INVESTIGATIONS
24881 Alicia Parkway, Suite E271, Laguna Hills, CA 92653
www.Hunt-Investigations.com

I hereby authorize **Hunt Private Investigations** to conduct a national criminal history check on me, as required for membership into the International Fellowship of Chaplains. I understand this report may include information about my traffic and/or criminal history, and will be provided by **Hunt Private Investigations**, 24881 Alicia Parkway, Suite E 271, Laguna Hills CA 92653; phone (714) 568-5464. This form releases, to the fullest extent of the law, the aforesaid parties from any liability and responsibility for collecting, requesting or releasing the above information. I understand and acknowledge that a FAX or photographic copy of this National Criminal History Check Form shall be deemed as valid as the original. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release. I understand the results of this report will be mailed to me, not the IFOC.

Please write clearly in Black Ink only.

Name(Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Phone # (Day) (____) ____ - ____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____

Street or PO# _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____

Street or PO# _____ City _____ State _____ Zip _____

Dates ____/____ to ____/____

Have you ever been arrested or convicted of a crime? _____

If so, please indicate (on a separate sheet of paper, if needed) the dates, charges, jurisdiction and resolution.

Your Signature _____ Today's Date ____/____/____

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (714)568-0260 **TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:**

Company Name: _____ I.F.O.C. _____ PO/Location # _____

____ Please start our standard background check (ignore boxes below)

Or select from the following: Criminal History Civil History Credit Report Social Security Verification

Driving Report Education/Degree Verification Reference Check National Wants & Warrants

Professional License Verification Previous Employer Verification

6-2012.01.16

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Hunt Private Investigations, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Hunt Private Investigations can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Hunt Private Investigations its sources, officers, agents or employees. Furthermore, you agree to indemnify Hunt Private Investigations, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history.



INTERNATIONAL FELLOWSHIP OF CHAPLAINS, INC

P.O. Box 5922 • Saginaw, Mi. 48603-0922

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Email: chaplains@ifoc.org

www.ifoc.org

PASTOR OR OVERSEER RECOMMENDATION

**QUESTIONNAIRE TO BE COMPLETED BY THE PASTOR
FOR I.F.O.C. CHAPLAIN APPLICATION**

Please return this form to applicant in a sealed envelope (do not send to IFOC).

Chaplain Applicant Name _____

Pastor Name(signature)/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, please indicate what position and for how long.

_____ Do
you see the applicant as a spiritual person? yes no

Understanding that Chaplaincy is Samaritan ministry done outside the church body,

do you see the applicant able to faithfully perform such ministry? yes no

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

What service do you see the applicant excelling in?

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

Please return this form to applicant in a sealed envelope (do not send to IFOC).

I.F.O.C., Inc. Membership Committee.



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STANDARD OF CONDUCT AND CODE OF 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 standing.
- 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.
- d) To establish and maintain appropriate professional relationship boundaries.

The International Fellowship of Chaplains, Inc,
Standard of Conduct and Code of 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.