

**I.F.O.C. MEMBERSHIP  
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.

\_\_\_\_\_ Application Checklist **(PLEASE RETURN THIS SHEET WITH YOUR APPLICATION)**

\_\_\_\_\_ Completed Membership Payment Form

\_\_\_\_\_ Completed Application for Membership Form

\_\_\_\_\_ National Criminal History report *obtained from* www.OC Detectives.net or FBI.gov

\_\_\_\_\_ Pastor or Overseer recommendation (or an Ordained Minister for applicants who are a pastor)

\_\_\_\_\_ Payment of One Time \$250 Application fee *and* \$250 Annual Dues \*\* (\$500 Total)

\_\_\_\_\_ Up-to-Date Personal Resume

\_\_\_\_\_ List Community Service experiences

\_\_\_\_\_ Copy of Certificate of Completion from Basic Chaplaincy Course

\_\_\_\_\_ Recommendation letters from two (2) business people

\_\_\_\_\_ Copy of valid driver's license

\_\_\_\_\_ 2 passport type photos (clear enough to produce ID) or photo on disk (or taken at class?)

\_\_\_\_\_ Copy of Ministerial License and/or Ordination (if applicant is Licensed or Ordained by another organization)

\_\_\_\_\_ Recommendation of a Chaplain (helpful if you know one)

\_\_\_\_\_ Location of seminar attended

\_\_\_\_\_ Date of seminar attended

**\*\* Annual Dues contributes to the expense of liability insurance with errors and omissions**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
print name

2010.02.05

**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](http://www.ifoc.org) ● [chaplains@ifoc.org](mailto: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)

\* HARDSHIP 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 CERTIFICATE**



**APPLICATION FOR MEMBERSHIP 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.OCDetectives.net](http://www.OCDetectives.net) or form below )**

## INTERNATIONAL FELLOWSHIP OF CHAPLAINS

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### **National Criminal History Report**

IFOC membership requires a national criminal history report. OC Detectives, Inc. 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 OC Detectives background check release form. (Normally over \$200)

#### **IFOC BACKGROUND CHECK INCLUDES:**

Name, SSN, & DOB verification

Address History.

Bankruptcy history

National criminal history check

A copy of your background report

IFOC Discounted rate: Only \$50 per check

To request your IFOC national criminal history, [fill out the attached form](#) and mail to:

Bill Hunt, CEO/Qualified Manager Lic#25397

OC Detectives, Inc.

24881 Alicia Pkwy., Suite E271

Laguna Hills, CA 92653

Include a copy of the national criminal history report from OC Detectives with your membership application.

# National Criminal History Report

(send this form to OC Detectives with a \$50.00 check  
to the address below, or from OCD website)



## **BACKGROUND CHECK RELEASE FORM**

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for membership with the International Fellowship of Chaplains, Inc.. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by OC Detectives, Inc, 24881 Alicia Parkway, Suite E 271, Laguna Hills CA 92653; phone 888.623.4257. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This 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 I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report that involves personal interviews with third-parties such as neighbors, friends and associations is conducted, I will be notified in writing within three days from request of said report. I understand and acknowledge that a FAX or photographic copy of this Disclosure and Authorization 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 acknowledge that I have been provided with a copy of "A Summary of Your Rights Under California Civil Code §1786.22" and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

**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) (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Professional License Held \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Your Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

California residents check here if you wish a free copy of this report mailed to the address you supplied above

### ***O.C.D. Office Use ONLY \*\*\*APPLICANT – DO NOT WRITE BELOW THIS LINE\*\*\****

FAX TO: (949) 248-0208 **TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:**

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

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 OC Detectives, Inc, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository OC Detectives, Inc 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 OC Detectives, Inc its sources, officers, agents or employees. Furthermore you agree to indemnify OC Detectives, Inc, 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 individuals criminal records history, credit history and / or workers compensation claim history.

24881 Alicia Pkwy \* Suite E271 \* Laguna Hills, CA 92653 \* 888.623.4257 \* fax 714.568.0260 \* www.OCDetectives.net



**INTERNATIONAL FELLOWSHIP OF CHAPLAINS, INC**

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**PASTOR OR OVERSEER RECOMMENDATION**

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

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.

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.

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

## **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.

## **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.

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

- 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.