

# International Fellowship of Chaplains

P.O. Box 5922 • Saginaw, MI 48603  
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## CHAPLAINCY DESIGNATION (Check One)

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <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   |
| <input type="checkbox"/> Community Service |                                     |                                   |

## APPLICATION FOR MEMBERSHIP

**Yearly Membership** \$250.00/year  
(includes liability insurance)

To avoid lapse in licensure, **Renewal** due annually by  
Feb. 1 when license expires March 1 **OR**  
Aug. 1 when license expires Sept 1.

NAME \_\_\_\_\_  
Last First Middle Preferred Name

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_  
Home Work E-Mail

SOCIAL SECURITY #(last 5 numbers) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**IFOC Basic Seminar attended- date: Location:**

### MINISTRY DATA

Name of Church/Organization \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip Telephone Fax

### MINISTERIAL RANK (Please submit copy of certificate)

Exhorter: Yes  No  Number \_\_\_\_\_ Duration: To \_\_\_\_\_ From \_\_\_\_\_

Licensed: Yes  No  Number \_\_\_\_\_ Duration: To \_\_\_\_\_ From \_\_\_\_\_

Ordained: Yes  No  Number \_\_\_\_\_ Duration: To \_\_\_\_\_ From \_\_\_\_\_

### MINISTRY AND COMMUNITY SERVICE 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: All applicants must submit a Criminal History Report from your local Sheriff Department (available on-line)**

**OFFICE USE ONLY:**

(I.F.O.C.) Received by: \_\_\_\_\_

Membership # \_\_\_\_\_

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

Method of Payment:

CHECK/MO  VISA, MC, DISCOVER

Check # or Confirmation # \_\_\_\_\_

Date Processed \_\_\_\_\_