

## International Christian United Police Chaplain Inc.

### **CHAPLAIN APPLICATION**



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Please fill out completely. An incomplete application may not be processed. Any section that does not apply to you, please indicate with "N/A". The International Christian United Police Chaplain Inc. appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION:			
NAME:	E' AY		
Last Name	First Name	Full Middle	
MAIDEN NAME, FORMER MARRIED NA	AME or ALIAS:		
ADDRESS: Street			
Street	City	Zip Code	
PREVIOUS ADDRESSES (Last Five Years)	):		
Street	City	Zip Code	
PHONE: (Home)	(Work)	(Cell)	
EMAIL:	AIL: SOCIAL SECURITY #:		
DATE OF BIRTH: Month/Day/Year		SEX: □ M F	
RACE (for background check identification    African American   Asian   Caucasian		Other (Specify)	
CRIMINAL HISTORY AND DRIVE	ING RECORD:		
STATE DRIVERS LICENSE NUMBER:			
HAS YOUR LICENSE EVER BEEN SUSP	ENDED OR REVOKED? □ YE	S NO	
HAVE OU EVER BEEN CONVICTED OF  YES NO IF YES, EXPLAIN	`	,	
LIST ALL TRAFFIC CITATIONS AND AC	CCIDENTS FOR THE PAST TV	WO YEARS:	

# **EDUCATION BACKGROUND AND MILITARY EXPERIENCE:** EDUCATION: (Grade or Degree Completed) MILITARY SERVICE: Branch of Service Dates of Service Highest Rank Held SPECIAL RELIGIOUS TRAININGS: (1) \_\_\_\_ (2)\_\_\_\_\_ TELL US A LITTLE ABOUT YOURSELF: WHAT TYPES OF COUNSELING ACTIVITIES DO YOU ENJOY? WHAT HAS BEEN YOUR EXPERIENCE WITH A POLICE CHAPLAINCY? SPECIAL SKILLS(E.G. COMPUTER PROGRAMS, BILINGUAL, ETC) PLEASE TELL US WHY YOU WISH TO VOLUNTEER YOUR TIME AS A CHAPLAIN. **REFERENCES:** PLEASE DO NOT USE FAMILY MEMBERS AS REFERENCES. LIST THREE (3) INDIVIDUALS YOU HAVE KNOWN FOR AT LEAST 2 YEARS PHONE \_\_\_\_ NAME (1)\_\_\_\_\_ (2)

#### **EMPLOYMENT HISTORY:**

Church Affiliation	Address	Position	Dates of Service From To	Reason for Leaving
Additional Employment Experience	Phone number and Contact Person	Position	Dates of Service From To	Reason for Leaving

#### PLEASE READ CAREFULLY AND SIGN:

The facts set forth above in my application are true and complete to the best of my knowledge. I understand that if accepted as a CHAPLAIN, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application.

My signature authorizes the ICUPCI to review ALL records listed above, also my driving, and criminal records or other background data as it may relate to the position of CHAPLAIN for which I am applying. I also authorize the release of information to the ICUPCI for purposes of a criminal background check.

	Return the completed application to:
DATE SIGNATURE	International Christian United Police Chaplain Inc. 4122 Fairmount Ave. San Diego, CA 92105