

The Council of Churches of the City of New York

Department of Pastoral Care

475 RIVERSIDE DRIVE, SUITE 727, NEW YORK, NY 10115

PHONE: (212) 870-1020 FAX: (212) 870-1025 EMAIL: cccny@cccny.net WEB: www.cccny.net

PROTESTANT CHAPLAIN APPLICATION DEPARTMENT OF PASTORAL CARE

- Please fill out the application in its entirety and send it to the address above with \$200 application fee.

Name _____

Mailing Address _____

Home Phone { _____ } _____

Business Phone { _____ } _____

E- Mail Address _____

Legal Residence _____

When Did You Become A Resident at This Address? _____

Date of Birth _____ / _____ / _____

Present Citizenship _____

Are You Married? Y/N

Do You Have Children? Y/N (Circle One)

If Yes, List Their Ages And Sex _____

Are you behind child/spousal support, if any? Y/N

Do You Have Other Dependents? _____

Has Your Health Been Excellent, Good, Fair Or Poor During The Past Five Years? _____

Do You Have Any Major Disabilities? Y/N

Do You Have Any Minor Disabilities? Y/N

If Yes, Please Explain _____

Organization Or Denomination Through Which Application Is Made (If Any) _____

Church Affiliation (Denomination) _____

Are You Ordained Y/N

Date Of Ordination _____ / _____ / _____

Name And Address Of Person To Be Contacted For Denominational Endorsement _____

College _____ Year Of Graduation And Degree _____

Theological Schools _____

Year Of Graduation And Degree (Past Or Future) _____

Other Graduate Study _____

Other Related Study Or Experience _____

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List the supervised clinical pastoral education you have received. Indicate where training was received, the number of semesters attended, the name of the supervisor, and the sponsoring training agency:

a. _____

b. _____

c. _____

d. _____

What is your present position and title _____

Outline your occupational history below or on a separate sheet. Describe the position, length of time the position was held and where: _____

Describe any prison ministry experience you have had whether paid or volunteer _____

Outline your publications: include title, publisher, date, name of periodical (if a magazine article)

In the event that you have not had supervised training, would you be interested in having such a period of training? Y / N

Could you support yourself during the period of training? Y / N

Have you been arrested and/or convicted of any crime? Y / N If Yes, Please Explain _____

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References

Give the names and addresses of person who know you well.

- (a) an official in your denomination
- (b) a teacher in your theological school
- (c) a professional person of a related profession (medicine, psychiatry, social worker, etc.)
- (d) an institutional administrator with whom you have worked.

- Name _____
Address _____
- Name _____
Address _____
- Name _____
Address _____
- Name _____
Address _____

Types of chaplaincy preferred (in order of preference)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Are you interested in a part time or full time position? _____

How many hours per week do you have to give to chaplaincy work? _____

Discuss these questions on a separate sheet of paper:

1. Why are you interested in the chaplaincy, and how did you become interested?
2. What type of institution would you prefer to work in? Give reasons.
3. Discuss your philosophy of the chaplain's work and his/her contribution to patients and /or inmates
4. If interested in a prison, discuss at least one controversial subject in present day penology, stating your position.
5. If interested in health or a similar institution, discuss the relationship between religion and health.

Date of application _____/_____/_____ Signature _____

Send this application (in duplicate), with extra sheets, passport size photographs and \$200 application fee attached to:
CCCN, 475 Riverside Drive, Suite 727, New York, NY 10115

Please read the enclosed Chaplaincy Manual. Please do not apply unless you are willing and able to fulfill its requirement for chaplains.