

The Council of Churches of the City of New York



PROTESTANT, ANGLICAN AND ORTHODOX

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PROTESTANT CHAPLAIN APPLICATION DEPARTMENT OF PASTORAL CARE

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E- Mail Address _____

Date Of Birth ____/____/____ Citizenship _____ Visa Status _____ (If Not USA)

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

Endorsing Organization Or Denomination _____

Name And Address and Phone Of Person To Be Contacted For Denominational Endorsement

Church Affiliation _____

Are You Ordained Y / N Date Of Ordination ____/____/____ Type of Ordination _____

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

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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 may 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 _____

Note: Application Fee is \$100.00. Is Fee enclosed? Y / N

**Send this application with extra sheets and a small photograph to:
CCNY, 475 Riverside Drive, Suited 727, New York, NY 10115**