

Bible Way Association
Bible Way Chaplaincy Department
110 Dogwood – Freeburg, Missouri 65035
Website: biblewayassociation.com – Email: biblewaychaplain@gmail.com
VOLUNTEER CHAPLAIN APPLICATION

(Must be 18 Y ears or Older)

TRAINING EVENT AT WHICH Volunteer

Chaplain Application WAS RECEIVED: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Contact in an emergency: _____ Phone: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow/Widower

Education:

High school _____

Vocational tech training _____

College/University _____

Other education

or training _____

Church Affiliation _____

Pastor's Name _____

May we contact your senior or staff pastor as a reference? _____

If yes, pastor's name and contact information:

Name: _____ Telephone: (____) _____

Church Name: _____ Email: _____

City: _____ State: _____ ZIP: _____

1. How did you hear about the Bible Way Chaplaincy Department?

2. Why do you desire to serve as a volunteer chaplain?

3. Please circle the letter of the ministry role(s) in which you have served in the past.

Ministry Role Dates Served

- a. Pastor _____
b. Chaplain: _____
Specify: Military, FBI, Police, Fire, etc. _____
c. Christian Counselor (Licensed/Certified): _____
Specify: Adult, Youth, Children _____
d. Trainer:
Crisis Intervention _____
Clinical Trauma _____
Disaster Response _____
e. Youth or Children's Ministry _____
f. Hospice Worker _____
g. Administrative Support _____
h. Prayer Intercessor _____
i. Marriage Ministry _____
j. Other (please describe) _____
-
-

4. Please circle the letter of any training you have attended, and fill in date and location.

- a. *Spiritual Care (BWC)* _____
b. *Chaplain and Law (BWC)* _____
c. International Fellowship of Chaplains (IFOC) _____
d. Critical Incident Stress Management (CISM) course(s): _____
e. Other (please describe): _____
-
-

5. Please describe past experience and duties in disaster, grief, trauma, crisis intervention, or missions experience.

6. Please check one or more boxes below if you have had any of the ministry training or vocational experience listed.

- ☐ Law Enforcement ☐ Fire ☐ Military Personnel ☐ EMS
☐ Christian Counselor ☐ Pastor ☐ Hospice Worker ☐ Chaplain
☐ Ministry Leader ☐ Trained in Crisis Intervention ☐ Campus ☐ Nursing Home
Please provide proof of training with this application (copy of certificates, identification cards, etc.).

7. Do you have any physical, emotional, or medical limitations that would hinder your involvement at a disaster site? If so, please explain.

8. Please check below the boxes of the conditions or situations that would be acceptable to you in a deployment:

- ☐ Climb stairs ☐ Sleep on floor or cots
☐ Lift 25 pounds ☐ No electricity
☐ Extreme weather conditions (below 25 degrees F or above 95 degrees F)
☐ Work 14 hours per day ☐ Extended times standing or walking
☐ Assist with daily chores (cleaning, laundry, etc.)

9. According to 1 Peter 3:15, “But sanctify the Lord God in your hearts: and *be* ready always to *give* an answer to every man that asketh you a reason of the hope that is in you with meekness and fear: (KJV). On the scale below,

please circle the number that best describes your level of comfort in sharing your faith.

1 2 3 4 5 6 7 8 9 10

Not Comfortable Very Comfortable

10. Would you be able to deploy to a disaster, if sent, for one week every two years?

☐ Yes ☐ No

11. If deployed, would you be able to cover your own travel expense?

☐ Yes ☐ No

12. Do you have: A valid driver’s license? ☐ Yes ☐ No

A commercial driver’s license? ☐ Yes ☐ No

A passport? ☐ Yes ☐ No

13. List any languages you speak fluently in addition to English (including sign language).

14. Please list five references we may contact (friends, business associates, etc.). *Do not* include family members or the senior or staff pastor listed above. You must have known the person for at least six months. For pastors who are applying, please include a spiritual mentor.

Name _____

Relationship and dates known _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

Name _____

Relationship and dates known _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

Name _____

Relationship and dates known _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

Name _____

Relationship and dates known _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

Name _____

Relationship and dates known _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

15. Please explain any crisis or time of grief you have personally experienced in the past. (List dates.)

16. Please explain your personal salvation experience in the Lord Jesus Christ, including when, where, and how. (Use additional paper if needed.)

17. Please describe how you have grown spiritually since your decision to follow Jesus Christ.

18. Please include a résumé with this volunteer chaplain application.

By applying for consideration as a volunteer chaplain for the Bible Way Chaplaincy Department (BWCD), I acknowledge my understanding and agreement that the selection of volunteers is at the sole discretion of BWCD, based on its assessment of the overall qualifications of volunteer applicants and BWCD's ministry requirements.

Bible Way Chaplaincy Department believes: the Bible to be the infallible Word of God, and that it is holy and the inspired Word, and that it is of supreme and final authority; in one God, eternally existing in threepersons—Father, Son, and Holy Spirit; Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary; He led a sinless life, took on Himself all our sins, died and rose again, and is seated at the right hand of the Father as our mediator and advocate; that all men everywhere are lost and face the judgment of God, and need to come to a saving knowledge of Jesus Christ through His shed blood on the cross; that Christ rose from the dead and is coming soon.

I understand on signing this application that I agree with the statement above, that I obligate myself to share only the basic Gospel of Jesus Christ, and that I will attempt to meet the expressed spiritual need in light of the Scriptures. I further understand that I am not to advocate any doctrines other than Jesus Christ as Lord and Savior and that I am not to proselytize for my church or denomination. Also, I agree that information I learn during the course of my volunteer activities (including, but not limited to, the personal information and stories of those to whom I minister) is to be considered confidential information, and I agree to view, handle, and hold all confidential information in trust and confidence, to protect and safeguard such confidential information against unauthorized use, publication, or disclosure, and agree to not directly or indirectly, in any way, reveal, report, publish, disclose, transfer or otherwise use any of the confidential information except as specifically requested or authorized by BWCD

(Signature) (Date)

PLEASE MAIL THIS APPLICATION TO:

BWC – Bible Way Chaplaincy
110 Dogwood
Freeburg, Missouri 65035

VOLUNTEER CHAPLAIN APPLICANT

DISCLOSURE & CONSENT FOR RELEASE OF INFORMATION FORM

(Please print responses to the following required information.)

Volunteer name: _____

(First) (Middle) (Last)

Other names used: _____

Gender: _____

Current street address: _____

Previous address (1): _____

Previous address (2): _____

Driver's license state of issue and number: _____

(State of issue) (Number)

Date of birth: _____ Place of birth: _____

(City) (State) (Country)

DISCLOSURE AND CONSENT CONCERNING

CONSUMER REPORTS FOR VOLUNTEER CHAPLAIN APPLICANTS

Please read the accompanying information carefully. This Disclosure and Consent Form has been provided to you by Bible Way Chaplaincy Department (BWCD) to requires consumer report or investigative consumer report in connection with your application to become a volunteer chaplain or in connection with you continuing to serve as a volunteer chaplain, whichever is applicable. An investigative consumer report may include information regarding your character, general reputation, personal characteristics, and mode of living, whichever is applicable.

DISCLOSURE STATEMENT

You, the Volunteer Chaplain Applicant, acknowledge that BWCD may now, or at any time while you provide volunteer services to BWCD, verify information within your application, résumé, or other related documents. Such verification may include, without limitation, the following: driving records, workers compensation records, credit bureau files, employment references, personal references, educational and licensing institution records, and any criminal record information pertaining to you which may be in the files of any federal, state, local or foreign criminal justice agency. The results of this verification process may be used to determine your eligibility for initial or continued volunteer roles with BWCD. All results will be kept confidential. The information will not be provided to parties other than designated BWCD Personnel, unless otherwise mandated by law. In accordance with the Fair Credit Reporting Act, you are entitled, upon written request made within a reasonable amount of time, to receive a copy of a consumer report or investigative consumer report prepared by a consumer reporting agency and a disclosure of the nature and scope of the investigative consumer report, if applicable.

Your signature below indicates that (1) you have carefully read this form and that you understand that a consumer report or investigative consumer report regarding you may be requested by BWCD and reviewed for volunteer-related purposes, including future decisions concerning your role as a volunteer chaplain, as applicable, (2) that you understand that such consent will remain in effect indefinitely until you revoke it in writing, and (3) that you understand that you have the right to revoke such consent at any time.

VOLUNTEER CHAPLAIN APPLICANT'S CONSENT TO RELEASE INFORMATION

I, the Volunteer Chaplain Applicant, understand that in consideration of my application to become a volunteer chaplain, or my continued service as a volunteer chaplain, with Bible Way Chaplaincy Department (BWCD), an investigation may be conducted of my past employment and other activities. I

authorize past employers, personal references, and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service, and credit history. I release all persons, including without limitation past employers, credit bureaus, and government agencies from any liabilities or damages related to furnishing such information.

In consideration of my application to become a volunteer chaplain, or my continued service as a volunteer chaplain, with BWCD, I hereby authorize BWCD and/or their agents to conduct such an investigation, and release said companies, including without limitation their officers, directors, employees, agents, and representatives from all liability or responsibility for this investigation, which may include, without limitation, the gathering of information regarding personal, professional and educational references, credit or consumer investigations and histories, driving histories, professional license, civil and criminal history information that may be in the files of any local, state, federal, or foreign criminal justice agency. A photocopy or fax of this Disclosure and Consent Form shall be valid as the original.

I, the Volunteer Chaplain Applicant, do hereby certify that all of the information provided by me for the purpose of applying to become a volunteer chaplain or continued service as a volunteer chaplain is true and complete to the best of my knowledge. I understand that any false statements may end consideration of my volunteer activities with BWCD, or may be cause for ending my volunteer role with BWCD.

Name (please print)

Social Security Number

Signature

Date

Witness

Date

1) We are currently not charging an application fee - which includes processing (\$0.00) and background check (\$0.00). 2) A background check will be waived if the prospective member is working for an agency that requires a background check for employment or is on the recommendation of a Bible Way General Board member. 3) All credentials held relevant to the request of membership. 4) Incomplete applications or requested information or explanations may be returned to the applicant for completion before processing. The waiver must be signed by the applicant to allow the background check.

Dues shall be \$120 annually for Chaplains and Affiliated Chaplains; and \$60 annually for those that are Chaplain Aides and Honorary Chaplains payable on April 1st, and shall be considered delinquent if not paid by the beginning of the Annual Meeting. Members joining after April shall pay prorated dues based on the number of months until the following April, at a rate of \$10 per month for Chaplains and Affiliated Chaplains, and \$5 per month for Chaplain Aides and Honorary Chaplain members.