

CHAPLAINS APPLICATION

I. PERSONAL INFORMATION:

Name: _____, Address: _____
_____, Zip: _____

Phone: () _____ . Occupation: _____
_____ Age: _____, Education: H.S. _____,

College: _____, Degree(S): _____, _____,

II. MARTIAL ARTS BACKGROUND:

Belt ranking: _____, Art/Style: _____

Current Status: ___ Inactive. ___ Active, ___ Student, ___ Instructor

Current affiliations/memberships: _____,

Kai or dojo where you would serve as a Chaplain: _____

Primary projected ministry: _____.

III. CHRISTIAN BACKGROUND:

Are you a 'Born Again' Christian? _____ Please give a brief testimony of your Church affiliation: _____

Member, Name of Church: _____.

Pastor's name: _____, Address: _____
_____.

Give a summary of your ministry experience: _____

Are you ordained? ___ Licensed to Preach? ___, Formal Bible/Counseling/Ministry training: _____

Please give any other information relevant to potential Chaplain appointment, licensing, ordination, etc.

