

Spartanburg County Sheriff's Office Volunteer Chaplain Application and Information

Personal Information

Full Name:	
Preferred Name / Title:	
Date of Birth:	
Phone Number (mobile):	
Email Address:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Relationship:	
Emergency Contact Phone:	
SC Driver's License Number / Expiration Date	
Have you ever been convicted of a felony	_____ Yes _____ No

Education

College Name	Degree
Seminary	Degree
Graduate School	Degree
Clinical Training	Dates
Military Service (Branch)	Dates

Clergy & Denomination Information

Ordaining Body / Denomination:	
Current Church or Ministry Appointment:	
Current Position in your Ministry Setting	

Senior Pastor / Supervisor:	
Denominational Standing (Elder, Licensed, etc.):	
Date of Ordination / Commissioning:	

Chaplaincy Credentials & Training

<u>Please list all Trainings and Dates Completed</u>	
Law Enforcement Chaplaincy Training:	
CISM Training	
Trauma-Informed Training:	
Suicide Intervention Training:	
Death Notification Training:	
First Aid / CPR / AED:	
FEMA / ICS Training:	
Other Relevant Training:	

Experience

Years in Ministry:	
Years in Chaplaincy:	
Previous Agencies Served:	
Relevant Professional Background:	

Availability

On-Call Availability:	
Preferred Times / Days:	
Geographic Limitations:	

Briefly explain your understanding of the role of a Law Enforcement Chaplain.

Briefly state why you want to be a Law Enforcement Chaplain.

Department Use Only

Background Check Completed (Yes/No - Date):	
Fingerprinting Completed (Yes/No - Date):	
ID / Badge Issued:	
Radio Access / Callout Procedure:	
Notes:	