

ASSOCIATE CHAPLAIN APPLICATION

Name: _____ Phone: _____

Address: _____ City: _____

Work Phone: _____ State: _____ Zip: _____

Ministerial Educational Qualifications: _____

Degrees/Certificates: _____ Dates: _____

Years in Ministry: _____ Refer to attached resume: _____

Name of Church: _____ Denomination: _____

Church Address: _____

City: _____ State: _____ Zip: _____ Church Phone: _____

Birthdate: _____ Driver's Lic. # _____ Soc. Sec. # _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Spouse's Name: _____

Children:

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

I, _____, as a volunteer chaplain for the City of Antioch's Law Enforcement Chaplaincy, realize that in some capacity while performing volunteer duties, I may be subject to injury or death. I wish to state I will not hold the City of Antioch responsible for any serious injury or death and understand I am volunteering my time.

Pursuant to California Statutes of the Evidence Code 1033-1034, 1030-1032, 917 and 912, I hereby, certify that all information derived as part of my minister/counselor relationship, will be held in the strictest of confidence.

Furthermore, I understand as a volunteer chaplain, I am under the direction of the Antioch Police Department and the supervision of the department's Administrative Liaison, and agree to work voluntarily within the framework of the volunteer Chaplain's Program.

Signature: _____ Date: _____

Two letters of recommendation are required. Please request one of the letters be prepared by the denominational bishop.

Return to: Antioch Police Department, 300 L Street, Antioch, CA 94509, Attn: Robin Kelley, Lieutenant