EFCA CHAPLAIN MINISTRIES

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

INSTITUTIONAL – Including BOP and VA CHAPLAINS

This application is for ecclesiastical endorsement for direct appointment as a chaplain, and ecclesiastical approval for chaplain candidates.

Rev. Scott Barber - EFCA Chaplain Endorser scott.barber@efca.org 507.350.0051
chaplains@efca.org www.efca.org/chaplains

Name: _____ Date: _____

Address: _____

_____

Primary (cell) phone: _____ Alternate phone: _____

Email (primary) _____ Email 2: _____

Social Security Number (last 4 digits): _____

Type of Institution Serving:

☐ Health Care ☐ Senior housing/healthcare ☐ Hospice ☐ Marketplace
☐ Correctional Facility (local or state) ☐ Community Services / Police ☐ Corporate ☐ Educational
☐ Federal Bureau of Prisons ☐ Department of Veterans Affairs

- Do you have any convictions by martial or civilian courts (except minor traffic violations)? ☐ Yes ☐ No
- Do you have any record of disciplinary action, financial irresponsibility, domestic violence, or child abuse against you? ☐ Yes ☐ No

Birth: _____ Place of Birth _____ ☐ Male ☐ Female
(Month/day/year)

Ethnic origin _____ U.S. citizen: Yes ☐ No☐

Denominational Background _____
(Name of religious body)

Current church attending _____ Location: _____

Is this an EFCA church? ☐ Yes ☐ No Are you a member? ☐ Yes ☐ No

Note: Current membership in an EFCA church is required for endorsement.
You must maintain membership in an EFCA church throughout your chaplain career.

Do you hold a ministerial credential? ☐ Not yet credentialed ☐ Licensed ☐ Ordained
By whom? _____ Date: _____
(Denomination or local church)

EFCA Endorsement requires you hold an EFCA credential or transfer your ordination to the EFCA. See EFCA requirements in the Handbook.

Marital Status: ☐ Married - Date: _____ Name of Spouse _____
☐ Single (never married) ☐ Widowed ☐ Divorced

Children:

Name	Male/Female	Year of Birth	Living at home
	M / F		**Y / N**
	M / F		**Y / N**
	M / F		**Y / N**
	M / F		**Y / N**
	M / F		**Y / N**

Are you presently employed? ☐ Yes ☐ No If so, name of employer

_____

Location: _____ Position _____

References (three): Suggested individuals include an evangelical pastor, chaplain, instructor, or mentor.
Send the reference form to the individuals, requesting it to be returned to our office address or chaplains@efca.org.

Name	Email address

Commitments:

- I have read the Statement of Faith of the Evangelical Free Church of America and affirm all statements without mental or theological reservation. ☐ Yes ☐ No
  If No, please explain which statements you cannot affirm and why:

- I have read and agree with Where We Stand in the EFCA: Denials and Affirmations. ☐ Yes ☐ No
  For a commentary and biblical explanation of these convictions click here.
  If No, please explain why:

- As an EFCA Endorsed Chaplain, I will:
  - ☐ Maintain the necessary EFCA credential as per EFCA requirements.
  - ☐ Complete Annual Reports to the Chaplain Endorser.
  - ☐ Submit Annual Dues as per the EFCA Chaplain Handbook.

  ➢ ***See page 3 of this application form for a checklist of required documents to complete this application.***

Signature _____ Date _____

Required documents and forms to complete the application process:

_____ Attach a current resume which includes educational institutions attended and degrees earned

_____ Attach a current photo of yourself

_____ Attach your personal testimony and faith journey (1-2 pages, typed)

_____ College and seminary transcripts. Request transcripts for undergraduate and graduate work be sent to the Endorser's office, EFCA Chaplain Ministries, 901 East 78th Street, Minneapolis, MN 55420

_____ Reference forms - 3 total to be returned by the individuals
(Form is following this application packet section in the Handbook)

_____ A check for $120 payable to "EFCA Chaplains" (non-refundable)
Seminarians who pay this fee and meet all other requirements will receive an Ecclesiastical Approval or Endorsement upon Active/Reserve Duty assignment.

At the time an endorsement is needed please email the Chaplain Endorser (Chaplains@efca.org) with the name and address (email) where the endorsement is to be sent.

Annual dues will be expected after one has been employed at the institution.

Send the completed original application along with the required documents to:
EFCA Chaplain Ministries
901 East 78th Street
Minneapolis, MN 55420
or PDF to chaplains@efca.org

For questions regarding the application process, contact Rev. Scott Barber (Scott.Barber@efca.org)

Please retain a copy of your application for your files.