

THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

ASSOCIATE REFORMED PRESBYTERIAN CHURCH
PRESBYTERIAN CHURCH (USA)

CUMBERLAND PRESBYTERIAN CHURCH
CUMBERLAND PRESBYTERIAN CHURCH IN AMERICA

Attach
Passport size Photograph

**APPLICATION FOR
ECCLESIASTICAL APPROVAL**

**for
APPOINTMENT TO THE
CIVIL AIR PATROL
CHAPLAINCY**

Please complete and send signed copy to:

The Presbyterian Council

4125 Nebraska Ave, NW

Washington, DC 20016

Ph (202) 244-4177

Fax (202)237-0983

Email: chaplains@pccmp.org

Webpage: www.pccmp.org

FOR OFFICE USE ONLY

Name _____

Presbytery _____

Denomination _____

Service _____

Action _____

ENCLOSE (or forward to us)

- 1. Brief printed life sketch (approx. 2 pages).
- 2. A statement of your motivations and reasons for wanting to serve in the Civil Air Patrol Chaplaincy.
- 3. Three letters of recommendation.
- 4. Current photograph.

A. BIOGRAPHICAL INFORMATION

1. Your full name _____
(First) (Middle) (Last) (Soc. Sec. No.)

2. Mailing Address _____

Office Phone () _____ Home Phone () _____

Cell Phone () _____ Email _____

3. Place of Birth _____ Date of Birth _____

4. Marital status: Single _____ Separated _____
Married _____ Divorced _____

**If ever separated or divorced
attach separate statement.**

5. Spouse's Name _____ Children:

NAME	AGE
_____	_____
_____	_____
_____	_____

6. Education
a. College _____ Degree _____ Year _____

b. Seminary _____ Degree _____ Year _____

c. Graduate School _____ Degree _____ Year _____

7. Ecclesiastical Status
a. Ordained by (Presbytery) _____ Date _____

b. Member of (Presbytery) _____ Denomination _____

(Continued)

c. Name and address of Presbytery Stated Clerk _____

d. Present Position _____

e. Pastoral and other types of Ministerial experience (give place and dates of services):

Name of Church or Institution	City and State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Personal Data

a. Have you or your spouse ever undergone treatment for mental or emotional illness? (If so, explain) _____

b. List your hobbies, sports and recreational interest: _____

c. List your service in civic and community organizations: _____

B. MILITARY OR VETERANS AFFAIRS INFORMATION

1. Have you served in the Armed Forces? Yes _____ No _____

2. Branch of service _____
(Branch) (Dates) (Highest Rate or Rank Held)

3. Have you ever registered as a conscientious objector? Yes _____ No _____

C. STATEMENT OF UNDERSTANDING

1. I recognize the authority of The Presbyterian Council for Chaplains and Military Personnel, representing the participating denominations, to grant, deny, or withdraw Ecclesiastical Approval.

2. I understand that the granting of Ecclesiastical Approval for the Civil Air Patrol Chaplaincy is not valid for the Armed Forces Chaplaincy.

Signature _____

Date _____