

Check area(s) of chaplaincy for which you are applying:

- Correctional
- Health/Hospital
- Corporate
- Public Safety
- Disaster Relief

Check which categories apply to you:

- Full Time
- Part Time
- Volunteer
- Missionary

Chaplaincy Endorsement

Alaska Ministry Network of the Assemblies of God

1048 W. International Airport Rd. Suite 101

Anchorage, AK 99518

Phone: (907) 562-2247

www.akministrynetwork.org

INSTRUCTIONS: Please print or type answers to all questions. If you need more space, use a separate sheet and attach it to this application. There is an application fee of \$25. Include that amount with your application.

1. Full Name _____
2. Address _____
3. City, State, Zip _____
4. E-mail _____ Home phone _____ Cell _____
5. Date of Birth _____
6. Year of Ordination (required) _____ Dist/Network Ordination Issued _____
7. Current Ministry Position _____ Where _____
8. Employment if different from above _____
9. Direct Supervisor _____ Phone _____
10. List all Chaplaincy related college and correspondence courses you have taken or certifications you have received.

11. Current Chaplaincy Experience (minimum one yr.) _____

12. Chaplaincy Supervisor _____
13. Give a short synopsis or description of your current chaplaincy position _____

14. Attach a one-page summary identifying your ministry experience.
15. How many hours do you devote to chaplaincy ministry each week? _____

References

Please list at least one reference for each of the categories below:

Name	Phone/Cell Number
Minister/Pastor: _____	_____
Chaplaincy Colleague: _____	_____
Other: _____	_____

Attach a letter of recommendation from your Senior Pastor and your Regional Presbyter. If you are the Senior Pastor of the church, a letter from only the Regional Presbyter will be sufficient.

Note: Each Chaplain is responsible in association with their using agency for liability insurance coverage regarding the exercise of their ministry.

Signature: _____ Date: _____

Presbytery Action:

Approved: Yes / No Date: _____

Superintendent/Corp. Sec. _____