

CHAPLAIN'S APPLICATION

Last Name		First		
Address				
Home Phone ()	Date of Birth			
Cell Phone ()	_ Email Address _			
Church you attend:]	Phone	1	
Pastor's Name				
Person recommending (Pastor or mem	ıber)			
I am applying for Chaplain desig	gnation			
I have special needs and I am applying for a "Licensed Chaplain" designation. Please use a separate piece of paper to tell us why you desire this designation.				
Mail to: Covenant Life Ministerial Organization, 6865 Shingle Creek Parkway,				
Brooklyn Center, MN 55430,or emai	il to Pastor Nanc	ey Peterson at	clmo@scgra	ce.com.
Please mark the area (s) of ministry wl	here ou are person	nally serving: _	Firel	Police
Hospital Visitation Nursing H	lome/Care Center	Jail C	hemical Dep	endency
Business or CorporateCrisis N	Ministry Fami	ily Intervention	Street N	Ministry
Church Other)please share br	riefly)			

Chaplain Questionnaire for membership (use a separate sheet of paper if needed)

1) How is the word of Jesus Christ and the Holy Spirit evident in your life? 2) How is your personal growth in faith and obedience encouraged and nurtured? (i.e. Church, Bible studies, prayer life, etc.) 3) What specifically do you believe concerning the person of Jesus Christ? Who is He? What is your relationship to Him? 4) How would you explain to someone how he/she could find Jesus Christ? 5) Give two examples of personal lessons that you have learned that you feel God has taught you. 6) What are your spiritual goals and desires? 7) Give an example of how you share your Christian faith with others. 8) Please describe what you understand the Bible (Word of God) to say regarding paying financial obligations. 9) Please describe what you understand the Bible (Word of God) to say about abortion. 10) Please describe what you understand the Bible (Word of God) to say about a homosexual lifestyle. 11) Have you ever been convicted of a felony? If so, please explain.