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|   | The Department of Ecclesiastical Endorsement & Pastoral Care Membership Application |

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email |  |
| Last 4 digits of SSN  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  | Marital Status: |  |

Number of years of ministry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Church Name/Address: |  |

Is this church apart of FGBCF? \_\_\_yes \_\_\_no Are you a FGBCF Covenant Partner \_\_\_yes \_\_\_\_no

|  |  |  |  |
| --- | --- | --- | --- |
| Pastor’s Name: |  | Contact Number: |  |

## Job Information

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Chaplain Position: |  |
| Military Branch: |  | AD/RS/NG: |  |
| Certification: |  | Credentials: |  |
| Work Phone: |  | Work Email: |  |
| Years of Service |  |   |  |

## College and Seminary Training

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address Major Degree Conferred

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address Major Degree Conferred

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School Address Major Degree Conferred

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School Address Major Degree Conferred

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School Address Major Degree Conferred

## Please submit the following items:

\_\_\_\_Prepare at least a 300 word essay explaining your theology concerning the chaplaincy

\_\_\_\_Letter of Reference from your pastor

\_\_\_\_College and Seminary official transcripts

\_\_\_\_Two Character Reference Letters

\_\_\_\_A recent photograph

\_\_\_\_Application fee (non-refundable) payable to: FGBCF Ecclesiastical Endorsement &

 Pastoral Care

\_\_\_\_Copy of your Ministerial License & Ordination Certificate

\_\_\_\_Provide a brief writing of your conversion and ministry experience

\_\_\_\_CPE Certificates (Copy) if applicable

\_\_\_\_Resume

 **COMMITMENT**

**1. I make the following commitments to the Full Gospel Baptist Church Fellowship (FGBCF) and to the Ecclesiastical Endorser.**

**a. That I will continue to adhere to the doctrines of the FGBCF.**

**b. That I will notify the office of the Ecclesiastical Endorser within thirty-days of my notification of transfer of duty station, or assignments, to include date of transfer, location, address and phone numbers.**

**c. That I will provide financial support to the FGBCF through the Covenant Partner Program and through my renewal of my annual endorsement fee due July 31st of each year.**

**d. That I will attend the annual International Conference, the annual Endorsed Chaplains’ Training, and the quarterly endorsed chaplain meetings unless hindered by significant job-related duties.**

**e. That I will connect with a local FGBCF Church and support its Ministry whenever and wherever possible and maintain contact with my home Church.**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scan and email all items to:**

 Department of Ecclesiastical Endorsement & Pastoral Care

 Chaplain.fgbc@gmail.com

 C/O Rev. Dr. Kevin M. Jackson

**\*Please Note Full Gospel Baptist Church Fellowship International reserves the right to remove its endorsement from any chaplain\***