



Chattanooga Police Department - Volunteer Chaplain Corps Application

Applicant Contact Information

Date: _____ Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Current Place of Worship: _____

Ordaining Organization: _____

Date of Ordination: _____

Years of Ministry Experience: _____

Ministry Experience

Dates: From - _____ To - _____

Organization/Ministry _____

Contact Name: _____

Phone Number: _____

Email: _____



Description of Duties: _____

Dates: From - _____ **To -** _____

Organization/Ministry _____

Contact Name: _____

Phone Number: _____

Email: _____

Description of Duties: _____

Dates: From - _____ **To -** _____

Contact Name: _____

Phone Number: _____

Email: _____

Description of Duties: _____



Why are you interested in serving as a CPD Volunteer Chaplain?

What experience do you have counseling individuals?



What ministry activities are you currently involved in?

Current Pastor/Priest/Imam/Elder/Deacon:

Name _____

Contact Information (Phone or Email): _____

May we contact him/her? Y or N

Please Circle/Mark and provide the dates of any of the below ministry roles in which you have served in the past and/or are presently serving.



- Pastor _____
- Chaplain _____
 - Specify: Military, FBI, Police, Fire, etc. _____
- Counselor _____
 - License/Certification _____
 - Population Served: Adult, Youth, Children _____
- Youth or Children's Ministry _____
- Hospice _____
- Administrative Support _____
- Marriage & Family Ministry _____
- Trainer _____
 - Crisis Intervention _____
 - Clinical Trauma _____
 - Disaster Response _____



References

Please list three (3) references we may contact (friends, business associates, etc.) Do not include family members. You must have known the person for at least 6 months.

Name: _____

Contact Information- Phone: _____ Email: _____

Address _____

City _____ State _____ ZIP _____

Relationship: _____

Length of Time Known _____

Name: _____

Contact Information- Phone: _____ Email: _____

Address _____

City _____ State _____ ZIP _____

Relationship: _____

Length of Time Known _____



Name: _____

Contact Information- Phone: _____ Email: _____

Address _____

City _____ State _____ ZIP _____

Relationship: _____

Length of Time Known _____

*****Please include a copy of your Current Resume + Ordination Certificate with this application.*****

Mail:

**Chattanooga Police Department
ATTN: Victim Services & Chaplain Director
3410 Amnicola Hwy
Chattanooga, TN 37406**

OR

hhytken@chattanooga.gov