



Chattanooga Police Department - Volunteer Chaplain Corps Application

Application Contact Information

Name: _____

Date: _____

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 - _____

Organization/Ministry _____

Contact Name: _____

Phone Number: _____



Email: _____

Description of Duties:

Dates: From - _____ To - _____

Organization/Ministry _____

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 & Email): _____

May we contact them? 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.

- **Faith Leader at Place of Worship** _____
- **Chaplain** _____
 - **Specify: Military, FBI, Police, Fire, etc.** _____
- **Counselor**



- License / Certification: _____
- Population Served: Youth, Adult, Marriage, etc. _____
- 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.)

Please do not include family members. You must have known the person for at least 1 year.

Reference 1

Name: _____

Contact Information – Phone: _____ Email _____



Relationship: _____

Length of Time Known: _____

Reference 2

Name: _____

Contact Information – Phone: _____ Email _____

Relationship: _____

Length of Time Known: _____

Reference 3

Name: _____

Contact Information – Phone: _____ Email _____

Relationship: _____

Length of Time Known: _____

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

Please send your completed application to:
ATTN: Hannah Walling, Victim Services & Chaplains Director
3410 Amnicola Hwy. Chattanooga, TN 37406
OR hwalling@chattanooga.gov

