Application Procedures for Chaplaincy Endorsement in the RCA

Updated: Feb 9 2015

[ ] 1. Complete the attached five-page application form.

[ ] 2. Include four (4) letters of recommendation:
   ➢ One from your Stated Clerk affirming that you are a member in good and regular standing. If you are presently in the seminary or a recent graduate of seminary, a recommendation from a seminary professor will also be required.
   ➢ One from your current or former supervisor.
   ➢ One from a peer or colleague (pastor, chaplain, ministry partner, etc.).
   ➢ One from someone you are currently leading or have led.

[ ] 3. A recent full-length photo (digital or print).

[ ] 4. Concise autobiographical statement (life sketch)

[ ] 5. Statement on Motivation for Chaplaincy Ministry, include any special skill sets, honors & awards.

[ ] 6. Spouse’s Concurrence with your Application for Chaplaincy.


[ ] 8. Evidence of the completion of at least two units of Clinical Pastoral Education (equivalencies may be allowed for one of the two units, but this is not typical and must be well documented). Include copies of your supervisor’s evaluation and a self-evaluation for the last two quarters of training completed. [NOTE: Not required for military chaplains]

[ ] 9. Evidence of two years of pastoral experience (either formal/paid or informal/volunteer).

[ ] 10. If you are seeking to be endorsed as a chaplain for a current or impending employment position, please include a copy of your chaplaincy job description.

Please send application and materials to
Rev. Dr. Alan T. Baker
RCA Supervisor of Chaplain Ministries
7F Perry Circle
Annapolis MD 21402

If you have any questions, please contact Alan at 202-351-1678 or abaker@rca.org
APPLICATION FOR CHAPLAINCY ENDORSEMENT

REFORMED CHURCH IN AMERICA

NAME______________________________________________________ DATE__________________
(What, First, Middle name)

ADDRESS____________________________________________________

PHONE (OFFICE)_________________ (HOME)_________________ (CELL)________________

FAX_____________________________ E-MAIL________________________________

I AM APPLYING FOR CHAPLAINCY ENDORSEMENT TO SERVE AS A CHAPLAIN IN:

Military Active Duty_________________________ Branch_________________________

Reserves_____________________________________ Branch_________________________

National Guard_____________________________ Branch_________________________

Seminarian program_________________________ Branch_________________________

Hospital_______________________________ Counseling Center___________________

Prison______________________________ Hospice_______________________________

Industrial_____________________________ College_____________________________

Other _________________________________

SOCIAL SECURITY #________________________

DATE OF BIRTH___________________ PLACE OF BIRTH__________________________

MARITAL STATUS________________

NAME OF SPOUSE (if applicable)______________________________

CHILDREN_________________________ AGE_________________________

_________________________ AGE_________________________

_________________________ AGE_________________________

_________________________ AGE_________________________

Present church you serve or position you hold______________________________

__________________________________________ How long? ____________________
Previous churches you have served or positions held

_________________________________________________________________________ How long?

If a seminarian, your church membership and classis is_____________________________________

If a military veteran, served from ____________________ to ____________________
Rank________________________________ Branch________________________

College________________________________ Degree received & year____________________
Seminary________________________________ Degree received & year____________________
Graduate work________________________ Degree & year________________________
Units of Clinical Pastoral Education: _________ Date of last unit: ____________________
Location: __________________________________________

Ordination Date: ______________________ or Expected Ordination Date: __________________
Ordaining Classis: ________________________________

Presently Member of Classis:
(Name) (Location) (Since)(Clerk of Classis) (Contact Information)

____________________________________________________________________________________

If Unemployed, How Many Months: ______ From: __________ To: ______________

If Retired, Date of Retirement: ______

From What Position___________________________________________ Place____________________

Additional Pastoral Experience:___________________________________________________________
(Church Name, Location, Dates) (Institutional Chaplain, Dates, Location)

Medical Data:______________________________________________________________
(List Any Physical Limitations or Mental or Emotional Conditions you choose to voluntarily disclose)

List Any Civic and Community Involvement or Professional Organization Memberships:

____________________________________________________________________________________

Height_______ Weight_______
STATEMENT OF UNDERSTANDING

1. I recognize the authority of the RCA Supervisor of Chaplain Ministries as RCA Ecclesiastical Endorsing Agent to grant, deny, or withdraw my ecclesiastical endorsement.

2. I understand that representatives of the RCA Chaplain Ministries Committee may interview me.

Signature and Date:___________________________________________________.

Background Disclosure

Congruent with the concern for ethical performance of ministry in the Reformed Church in America, and openness about issues, which are sensitive to functioning in the public role as chaplain, you are asked to respond to the following statements. There is opportunity for explanation if you so desire.

1. Have you ever been the subject of official discipline by a consistory or classis of the Reformed Church in America?
   Yes ☐ No ☐

2. Is any official disciplinary action pending at the present time?
   Yes ☐ No ☐

3. Have you ever been the subject of official disciplinary proceedings by another denomination that resulted in disciplinary action?
   Yes ☐ No ☐

4. Are any official disciplinary proceedings by another denomination pending regarding you at the present time?
   Yes ☐ No ☐

5. Has your relationship with a congregation ever been terminated?
   Yes ☐ No ☐

6. Has your relationship with a classis ever been terminated?
   Yes ☐ No ☐

Explanation:
7. Has a civil lawsuit, criminal charge, or ecclesiastical complaint been sustained against you for sexual discrimination, harassment, exploitation or misconduct; physical abuse; child abuse; or financial misconduct?
   
   Yes ☐   No ☐

8. Have you ever been convicted of a felony?
   
   Yes ☐   No ☐

Explanation:

9. Has your employment ever been changed because you attempted or actually engaged in:

   1. sexual discrimination, harassment, exploitation or misconduct   Yes ☐ No ☐
   2. physical abuse       Yes ☐ No ☐
   3. child abuse          Yes ☐ No ☐
   4. financial misconduct Yes ☐ No ☐

10. Has your employment ever been changed in order to avoid facing or to avoid facing or to avoid being terminated because of charges of actual or attempted:

   1. sexual discrimination, harassment, exploitation or misconduct Yes ☐ No ☐
   2. physical abuse       Yes ☐ No ☐
   3. child abuse          Yes ☐ No ☐
   4. financial misconduct Yes ☐ No ☐

Explanation:

I recognize my responsibility to update this background disclosure in a timely manner should there be a change of status in any of the issues named above. I also consent to sharing the above information with those appointed by the RCA Supervisor of Chaplain Ministries to serve on the Chaplain Ministries Committee.

________________________________________________________________________
Signature Date

________________________________________________________________________
Type or print your name