

**Application for Service
as an Armed Forces Chaplain/Chaplain Candidate**

DATE:

FULL NAME:

NICKNAME

DATE OF BIRTH

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

1. I am applying for consideration as:

- | | | |
|----|--|--------------------------|
| a) | <u>US Air Force Chaplain</u> | <input type="checkbox"/> |
| b) | <u>US Air Force Chaplain Candidate</u> | <input type="checkbox"/> |
| c) | <u>Reserve US Air Force Chaplain</u> | <input type="checkbox"/> |
| d) | <u>US Navy Chaplain</u> | <input type="checkbox"/> |
| e) | <u>US Navy Chaplain Candidate</u> | <input type="checkbox"/> |
| f) | <u>Reserve US Navy Chaplain</u> | <input type="checkbox"/> |
| g) | <u>US Army Chaplain Candidate</u> | <input type="checkbox"/> |
| h) | <u>Reserve US Army Chaplain</u> | <input type="checkbox"/> |
| i) | <u>Air National Guard Chaplain</u> | <input type="checkbox"/> |
| j) | <u>Army National Guard Chaplain</u> | <input type="checkbox"/> |
| k) | <u>Veterans Administration Chaplain</u> | <input type="checkbox"/> |
| l) | <u>Civil Air Patrol Chaplain</u> | <input type="checkbox"/> |
| m) | <u>US Coast Guard Auxiliary Chaplain</u> | <input type="checkbox"/> |

2. Are you seeking immediate Active Duty status?

Yes ☐ No ☐

3. Have you already filed an application with the military or federal government?

Yes ☐ No ☐

4. If yes, when and with whom?

5. Previous Military Service:

Date:

Branch:

Rank or Rate:

Indicate Periods of Active Duty:

Indicate Total Months Served:

6. Contact Information:

Home Address:

Cell Phone:

Email:

Work Address:

Street:

City:

State:

Zip Code:

Work Phone:

Email:

7. Family information:

☐ Single ☐ Married/Partnered (Spouse's Name)

☐ Divorced/Separated ☐ Widowed

Children (Names/Ages)

8. Education: (Institution, Degree, Year Conferred):

College: Date Completed:

Seminary: Date Completed:

Other: Date Completed:

CPE: Number of Units: Location:

9. Fellowship/Ordination:

Fellowship: Date of Fellowship Place of Fellowship:

Ordination: Date of Ordination Place of Ordination:

10. If not yet in Fellowship or ordained, indicate where you are in the process:

12. Ministry Experience:

Past Experience:

1. Institution:	Position:
Location:	Date: to
2. Institution:	Position:
Location:	Date: to
3. Institution:	Position:
Location:	Date: to

Present Position (if different from above):

Institution:	Position:
Location:	Date: to

ATTACHMENTS

13. *Attach a brief life sketch and a statement of your motivation and reasons for wishing to become a chaplain and articulating your understanding of military chaplaincy (one to two pages single spaced).*

14. *Attach two letters of reference (including at least one minister/denominational official and one lay person) along with their contact information.*

Statement of Understanding

- (a) I understand that I may be interviewed by either the Official Endorser and/or their representative.

- (b) I understand that if I am commissioned in the Reserves of the US Army, US Navy or the US Air Force, I am subject to being ordered to active duty at any time during a national emergency or general mobilization.
- (c) I understand that as a Chaplain in this ministry, I will be required to submit reports of ministry in a timely fashion, as directed by the Ministries and Faith Development (MFD) Staff Group.
- (d) I understand that as a Chaplain in this ministry, I will be expected to attend the UUA's General Assembly and UU Ministers Association Professional Days annually, unless excused by the Official Endorser.
- (e) I understand that as a Chaplain in this ministry, I will be expected to be a member of a Unitarian Universalist congregation (which may be the Church of the Larger Fellowship).
- (f) Since this application is the basis for initial, subsequent, and continuing endorsement/approval, I understand that I am expected to keep the MFD Staff Group informed of any changes in my status or whereabouts.
- (g) I recognize the authority of the Official Endorser to grant or withdraw ecclesiastical endorsement/approval for the Unitarian Universalist Association rests solely with the Official Endorser.

Signature: _____

Date: __/__/__