



California Fire Chaplain Association

P.O. Box 3281
Rocklin, CA 95677

APPLICATION FOR MEMBERSHIP

Chaplain/Associate Chaplain

NAME: _____

ADDRESS: _____

SPOUSE'S NAME IF APPLICABLE: _____

CHAPLAIN: _____ **ASSOCIATE CHAPLAIN:** _____

Have you ever been convicted of a felony? Yes: _____ **No:** _____

(If yes, attach a separate sheet explaining the type of conviction, dates and circumstances.)

CONTACT INFORMATION:

HOME #: _____

Cell. #: _____

WORK/OFFICE #: _____ **email:** _____

CREDENTIALS INFORMATION:

Ordained? Yes: _____ **No:** _____

Licensed? Yes: _____ **No:** _____

DENOMINATION: _____

Address: _____

NUMBER OF YEARS IN MINISTRY _____

DEPARTMENT or UNIT DESIRING TO SERVE _____

ADDRESS: _____

CHIEF/UNIT CHIEF: _____

TYPE OF DEPARTMENT: PAID _____ **VOLUNTEER** _____

NUMBER OF YEARS IN FIRE SERVICE _____

TYPE OF CHAPLAINCY:

FULL TIME PAID? Yes: _____ No: _____

PART TIME PAID? Yes: _____ No: _____

VOLUNTEER _____

Number of years in Chaplaincy: _____

EDUCATION:

Please list all degrees, diplomas and certificates. Attach an extra sheet of paper if necessary.

CHAPLAIN TRAINING _____

MINISTRY TRAINING _____

COLLEGE _____ **DEGREE** _____ **DATE** _____

COLLEGE _____ **DEGREE** _____ **DATE** _____

SEMINARY _____ **DEGREE** _____ **DATE** _____

**PROFESSIONAL ORGANIZATIONS; SPECIALIZED TRAINING;
CERTIFICATES:**

SIGNATURE: _____ **DATE:** _____

(PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION)

LETTER OF ENDORSEMENT BY ECCLESIASTICAL BODY _____ (enclosed)

LETTER OF ENDORSEMENT BY COMMUNITY MEMBER _____ (enclosed)

LETTER OF ENDORSEMENT BY DEPARTMENT CHIEF _____ (enclosed)

LETTER OF ENDORSEMENT BY SUPERVISOR _____ (enclosed)

Note: the 3rd and 4th letters are necessary when Firefighters are applying to become Chaplains.

ID CARD INFORMATION:

Hair: _____ **Eyes:** _____

DOB: _____ **Weight:** _____

Height: _____

INITIAL DUES: \$50.00 _____ (enclosed)

SEND APPLICATION PACKAGE TO:

**CALIFORNIA FIRE CHAPLAIN ASSOCIATION
P.O. BOX 3281
ROCKLIN, CA 95677**

www.cfcachaplain.org

**Chaplain Mark O'Sullivan
Board Secretary
916-872-9587
cfcasecretary@sbcglobal.net**

DUES \$50.00 PER CALENDAR YEAR



CODE OF CONDUCT

AS A CHAPLAIN MY FUNDAMENTAL DUTY IS TO VALUE THE LIVES OF THOSE I SERVE IN THE FIRE SERVICE AND THE COMMUNITY.

AS A REPRESENTATIVE OF THE CALIFORNIA FIRE CHAPLAIN ASSOCIATION I WILL SET A GOOD EXAMPLE IN ALL ACTIONS AND DEEDS.

I WILL NEVER USE MY POSITION FOR PERSONAL GAIN, RECOGNIZING IT AS A SYMBOL OF PUBLIC TRUST.

I WILL CONSTANTLY STRIVE TO ACHIEVE THE HIGH OBJECTIVES AND IDEALS OF THE CALIFORNIA FIRE CHAPLAIN ASSOCIATION AND SHALL CONDUCT MYSELF AT ALL TIMES, BOTH ON AND OFF DUTY, IN SUCH A MANNER AS TO REFLECT MOST FAVORABLY ON THIS ASSOCIATION.

I AFFIRM THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES OF AMERICA AND THE CONSTITUTION OF CALIFORNIA, AND I WILL RESPECT, HONOR, OBEY AND ENFORCE THE LAWS AND ORDINANCES OF THE JURISDICTION IN WHICH I SERVE.

TODAY, I RECOGNIZE THE BADGE OF MY OFFICE AS A SYMBOL OF PUBLIC FAITH AND I ACCEPT IT AS A PUBLIC TRUST.

AND I HEREBY DEDICATE MYSELF TO THE MISSION OF THE CALIFORNIA FIRE CHAPLAIN ASSOCIATION SERVING THE FIREFIGHTERS AND CITIZENS OF THE STATE OF CALIFORNIA TO ENSURE THEIR HIGHEST GOOD IN THE DISCHARGE OF MY DUTIES.