

New York State Chaplain Task Force
A Division of New York Chaplaincy Services
New York, U.S.A.



APPLICATION FORM

Member I.D. No. _____ *(Leave Blank)* **Religion** _____

Last _____ First _____ M.I. _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Date of Birth ____ - ____ - ____ Height ____ Weight ____ Eyes ____ Hair ____
(MM) (DD) (YYYY)

Are you a citizen of U.S.A? _____ SS# _____ Gender _____

If NOT a citizen, then what is your status _____

Country of Birth _____

Driver's License # _____ State _____

Mobile Number _____ Can you receive text? _____

Home Number _____ Work Number _____

Email Address _____
(Important: Most of our communication is via email and mobile text)

Are you a member of clergy? _____ Religious Title _____ Date of Ordination _____

Place of Worship _____

Address _____

Religious/Spiritual Leader _____ Tel: _____

How did you find out about us? _____

In case of Emergency Contact, Name: _____

Telephone: _____ Relationship: _____

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AUTHORIZATION TO CONDUCT CRIMINAL HISTORY CHECK

As part of the application for enrollment as a student and subsequent volunteer work with New York State Chaplain Task Force, the following questions must be answered. All responses will be kept confidential and will be discussed only between the applicant and the NYSCTF administration.

Have you ever been CHARGED with a felony offense? YES NO

Have you ever been CONVICTED of a felony offense? YES NO

Are you a REGISTERED SEX OFFENDER? YES NO

Has a RESTRAINING ORDER or an ORDER OF PROTECTION been filed against you? YES NO

If YES, please provide details including date, location, arresting agency, charge and disposition:

I hereby authorize New York State Chaplain Task Force (NYSCTF) and its affiliates to conduct a standard check of law enforcement records on me. I understand this check will include, but may not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the NYSCTF application process. My consent is valid in perpetuity from the date authorized below. Any information obtained will be used for the purpose of providing clearance for volunteer membership with NYSCTF.

I understand that my acceptance into the New York State Chaplain Task Force is not guaranteed and is at the discretion of NYSCTF.

Signature X _____ Date _____

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PERSONAL INFORMATION

Name _____

Languages other than English spoken _____

Are you a member of the clergy? _____ Religious Affiliation _____

Are you the spiritual leader of a house of worship? _____ City & State _____

Are you a leader at your house of worship? _____ City & State _____

Do you have access to a community space/hall/center? _____

Are you: ()Self-Employed ()Employed ()Retired ()Disabled

Occupation _____ Years there _____

Are you a business owner? _____ Business Type _____

Are you a Veteran? _____ Branch _____ Years of service _____

Type of Vehicle(s) _____ CDL? _____

Access to other vehicles? If so, type _____

Do you have access to any resources which may be of help to NYSCTF, especially in times of crisis/disaster? _____

Do you have a current Passport? _____ Country? _____

What other organizations are you a member of? _____

Other certifications/licenses _____

Medical conditions you would like to make us aware of? _____

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DOCUMENT OF AGREEMENT

I understand that the credentials given and/or licensed to me by New York State Chaplain Task Force and its affiliates are merely for identification purposes as an active member of a private, non-profit, volunteer organization.

I understand that I am neither a State employee nor a State official. Furthermore, any misuse of these credentials on my behalf will result in immediate termination of my membership, at which point I will surrender any/all of the credentials given or licensed to me by New York State Chaplain Task Force and its affiliates at once.

I, of my own free will, agree to comply with all the rules and regulations of the New York State Chaplain Task Force and its affiliates, as explained to me, produced in writing, and available, as well as updated without notice on their web site.

I fully understand that failure to comply with any of the aforementioned rules, regulations and membership obligations, including, but not limited to insubordination and any/all behavior unbecoming of a spiritual care provider, constitutes grounds for immediate termination of my membership with the organization.

I fully understand that if I am terminated or resign, I am responsible for returning both my badge/shield and ID card to New York State Chaplain Task Force or be subject to legal proceedings to the furthest extent of the law.

I agree not to hold New York State Chaplain Task Force, New York Chaplaincy Services, United States Chaplain Task Force, World Chaplaincy Organization, and any of its affiliates or agents responsible for any misuse of the credentials given and/or licensed to me by New York State Chaplain Task Force, or for any mental, physical and/or emotional injury I may incur while performing my duties as a staff and/or volunteer chaplain, or at any other time.

I understand that any misuse of the credentials given and/or licensed to me by New York State Chaplain Task Force, and/or any misrepresentation and/or wrongdoing of my own accord may lead to disciplinary actions, including, but not limited to, my termination from the organization and any of its affiliates, legal actions and criminal charges leading up to, and not excluding, incarceration.

STATEMENT OF THE APPLICANT

I fully understand, and agree with all the above mentioned statements produced in writing in this Document of Agreement, and in doing so, I, being of a sound mind, and under my own accord, do hereby apply my name below as a signature, along with today's date.

Applicant Signature

Date

NYSCTF Authorized Signature

Date

New York State Chaplain Task Force
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RULES AND REGULATIONS

1. Obey all organization rules and regulations, both written and/or verbally executed.
2. Obey all private and public institution rules and regulations, both written and/or verbally executed.
3. Insubordination will not be tolerated at any capacity and is grounds for immediate dismissal.
4. Behavior not becoming of a chaplain, including, but not limited to negative and offensive attitudes and actions toward patients, clients, victims, any individual, colleagues, peers and staff are grounds for immediate dismissal.
5. Ignorance is not bliss. If you are not certain about something, it is your responsibility to make certain.
6. All signed and completed applications, including, but not limited to, any/all additional documents submitted in person, by mail or electronically are the sole property of NYSCTF and will not be returned. In the case of a candidate's or member's resignation or dismissal, all documents shall be destroyed by shredding by NYSCTF.
7. Maintain a good testimony.
8. Do not use your credentials if you are being disciplined by your ecclesiastic authority.
9. Notify NYSCTF immediately in the event of any infractions of the law.
10. All NYSCTF badges and credentials are the sole property of NYSCTF.
11. Shields are licensed from NYSCTF and must therefore be returned to NYSCTF upon dismissal or resignation.
12. A minimum of one (1) activity report should be turned in every month, unless unforeseen circumstances prevent you from doing so.
13. Your membership may be revoked if found guilty of a legal offense.
14. Your membership will be revoked if you knowingly provide false information.
15. ID cards and First Aid/CPR/AED Certifications must be kept up to date.
16. Always identify yourself properly to the authorities when necessary and/or if required of you.
17. Your ID card may be used on its own, however, Shields must be accompanied by your ID card at all times.
18. Shields must never be displayed on your vehicle dashboard. Doing so is grounds for immediate dismissal.
19. Lost or stolen I.D. cards or shields must be reported to the Police immediately. A copy of the Police Report must be filed with NYSCTF as soon as it is obtained.
20. Replacement badges may be licensed from NYSCTF for a fee of \$200 (fee subject to change without notice).
21. Replacement ID Cards may be obtained from NYSCTF for a fee of \$35 (fee subject to change without notice).
22. Do not misuse your credentials or misrepresent yourself; this includes 'flashing' your shield at anyone, especially at law enforcement officers.
23. Do not speak on behalf of the organization to media, press, or officials without prior authority.
24. Do not alter or change your credentials in any way.
25. Do not use your credentials to obtain favors from anyone, to obtain free public transportation, or to trespass.
26. Annual Membership Dues are \$150, which includes a new I.D. card.
27. Dress conservatively when performing your chaplaincy duties.
28. When asked to respond to a call, please notify NYSCTF as soon as possible as to whether you can respond or not.
29. Misuse of your Vehicle Identification Placard is grounds for immediate dismissal, and in the least, a one-time warning.
30. Create a conscientious email account and voicemail message.
31. Memorize the NYSCTF Creed and Code of Discipline, and become very familiar with the Disaster/Crisis Code of Ethics.
32. DO NOT EVER speak ill of a fellow chaplain or a member of our organization. Any disagreements between members should be brought to a peaceful resolution between the members in disagreement. This should be done as soon as possible lest it become known to the Commander.
33. NO REFUND of tuition after the first day of class!!!

STATEMENT OF THE APPLICANT

I fully understand, and agree with all the above mentioned Rules and Regulations, and in doing so, I, being of a sound mind, and under my own accord, do hereby apply my name below as a signature, along with today's date.

Applicant Signature

Date

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ECCLESIASTICAL ENDORSEMENT

(Please Return to Us By The 5th Week of Your Training)

In reference to: _____

I hereby attest to being the above referenced person's Spiritual/Religious Leader OR one authorized to speak on behalf of the above referenced person's Spiritual Leader.

I certify that the above referenced person is an active member of our church/place of worship in good standing. I give such person my full endorsement to take the required trainings mandated by the New York State Chaplain Task Force, and upon successful completion of such training to become a member of said organization.

As the Spiritual/Religious Leader of the above referenced person OR one authorized to speak on behalf of the above referenced person's Spiritual Leader, I understand that should such person have to be disciplined, I will notify New York State Chaplain Task Force immediately.

I also understand that as the above referenced person's Spiritual/Religious Leader OR one authorized to speak on behalf of the above referenced person's Spiritual/Religious Leader, I may inquire about his/her progress as a volunteer chaplain with New York State Chaplain Task Force, but will not be given access to his/her personal information and/or files. I understand that any personal information pertaining to the above referenced person, can only be accessed and/or obtained by the express written consent of the above referenced person.

With this said I apply my name below, both in print and as a signature, along with today's date.

Spiritual/Religious Advisor's Signature Date

Spiritual/Religious Advisor's Name in Print Date

Organization Name

Telephone



Do Not Write Below This Line! NYSCFT Authorized Use Only!

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NYSCFT Authorized Signature

Date