

**US-NYS Chaplain Task Force**  
Headquarters: New York, U.S.A.



**APPLICATION FORM**

Religion \_\_\_\_\_ Clergy: ( )Yes ( )No If Yes, Religious Title \_\_\_\_\_

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? \_\_\_\_\_ If NOT a citizen, then what is your status \_\_\_\_\_

Country of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

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: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

**NOTE: PLEASE REMEMBER TO SUBMIT A COPY OF YOUR DRIVER'S LICENSE OR STATE I.D. WITH YOUR APPLICATION.**

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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 US-NYSCTF, the following questions must be answered. All responses will be kept confidential and will be discussed only between the applicant and the US-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:

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I hereby authorize US-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 US-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 US-NYSCTF.

***I understand that my acceptance into the US-NYSCTF is not guaranteed and is at the discretion of US-NYSCTF.***

Signature X \_\_\_\_\_ Date \_\_\_\_\_

# US-NYS Chaplain Task Force

Headquarters: New York, U.S.A.

## DOCUMENT OF AGREEMENT

I understand that the credentials/apparel/vehicle identification placard given, purchased and/or licensed to me by US-NYSCTF 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/apparel/vehicle identification placard 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 US-NYSCTF and its affiliates at once.

I, of my own free will, agree to comply with all the rules and regulations of the US-NYSCTF 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 those listed in the Members Only area of our website, 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 or fail to renew my membership, I am responsible for returning both my badge/shield, ID card and/or vehicle identification placard to US-NYSCTF or be subject to legal proceedings to the furthest extent of the law.

I agree not to hold US-NYSCTF, New York Chaplaincy Services, World Chaplaincy Organization, and any of its affiliates or agents responsible for any misuse of the credentials/apparel/vehicle identification placard given, purchased and/or licensed to me by US-NYSCTF, 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/apparel/vehicle identification placard given, purchased and/or licensed to me by US-NYSCTF, 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.

I acknowledge being told, and understand that it is my responsibility to review the rules and regulations found herein, and on the US-NYSCTF website, as well as review the US-NYSCTF Policies & Procedure found here: <https://www.chaplains.care/rules--regulations.html>

### 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.

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Applicant Signature

Date

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US-NYSCTF Authorized Signature

Date

# **US-NYS Chaplain Task Force**

**Headquarters: New York, U.S.A.**

## **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, staff and the authorities 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 US-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 US-NYSCTF.
7. Maintain a good testimony.
8. Do not use/carry your credentials if you are being disciplined by your ecclesiastic authority.
9. Notify US-NYSCTF immediately in the event of any infractions of the law.
10. All US-NYSCTF credentials, including shields and vehicle identification placards are the sole property of US-NYSCTF and must therefore be returned to the US-NYSCTF offices at 405 RXR Plaza, Uniondale, NY 11556 upon dismissal, resignation or expiration of membership.
11. A minimum of one (1) activity report should be turned in every month, unless unforeseen circumstances prevent you from doing so.
12. Your membership may be revoked if you are found guilty of a legal offense.
13. Your membership will be immediately revoked if you knowingly provide false information.
14. ID cards and First Aid/CPR/AED Certifications must be kept up to date.
15. Always identify yourself properly to the authorities when necessary and/or if required of you.
16. Your ID card may be used on its own, however, Shields must be accompanied by your valid ID card at all times.
17. Shields must never be displayed on your vehicle dashboard. Doing so is grounds for immediate dismissal.
18. Lost or stolen I.D. cards, shields and/or vehicle identification placards must be reported to your local Police Department immediately. A copy of the Police Report must be filed with US-NYSCTF as soon as it is obtained.
19. Replacement badges may be licensed from US-NYSCTF for a fee of \$200 (fee subject to change without notice).
20. Replacement ID Cards may be obtained from US-NYSCTF for a fee of \$35 (fee subject to change without notice).
21. Do not misuse your credentials or misrepresent yourself; this includes 'flashing' your shield at anyone, especially at law enforcement officers.
22. Do not speak on behalf of the organization to media, press, or officials without prior authority.
23. Do not alter or change your credentials in any way and/or use expired credentials.
24. Do not use your credentials to obtain favors from anyone, to obtain free public transportation, or to trespass.
25. Annual Membership Dues are \$125, which includes a new I.D. card.

26. Dress conservatively when performing your chaplaincy duties.
27. When asked to respond to a call, please notify US-NYSCTF as soon as possible as to whether you can respond or not.
28. Please read and adhere to the back of the vehicle identification placard. Misuse of your Vehicle Identification Placard is grounds for immediate dismissal, and in the least, a one-time warning.
29. US-NYSCTF members should never use lights & sirens in their vehicles unless they are authorized to do so by a police department, fire department and/or ambulance corp., and then not on behalf of US-NYSCTF.
30. Create a conscientious email account and voicemail message.
31. Memorize the US-NYSCTF Creed and Code of Discipline, and become very familiar with the Disaster/Crisis Code of Ethics.
32. Please download/print and become familiar with the US-NYSCTF Policies & Procedures found on our website.
33. 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. If mediation is needed, please contact your county supervisor.
34. 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.

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Applicant Signature

Date

# US-NYS Chaplain Task Force

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## RELIGIOUS ENDORSEMENT

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 US-NYSCTF, 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 US-NYSCTF 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 US-NYSCTF, 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! US-NYSCTF Authorized Use Only!**

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\_\_\_\_\_  
NYSCFT Authorized Signature

\_\_\_\_\_  
Date

# **US-NYS Chaplain Task Force**

**Headquarters: New York, U.S.A.**

## **SHIELD LICENSING AGREEMENT**

I, \_\_\_\_\_, being of a sound mind do hereby attest that I have been advised that the Badge/Shield licensed to me by US-NYSCTF is the sole property of US-NYSCTF and must therefore be returned to US-NYSCTF immediately upon my termination or resignation from said organization. I also understand that if I fail to return the Badge/Shield, US-NYSCTF will have no other choice, but to file a report with State or City Law Enforcement Authorities. I understand that any misuse of the credentials given and/or licensed to me by US-NYSCTF, and/or any misrepresentation and/or wrongdoing of my own accord may lead to disciplinary actions, including, but not limited to, my dismissal from the organization and any of its affiliates, legal actions and criminal charges leading up to, and not excluding, incarceration.

### STATEMENT OF THE LICENSEE

I fully understand, and agree with all of the above mentioned statement produced in writing in this document of licensing, and in doing so, I, being of a sound mind, and under my own accord, do hereby apply my name below, both in print and as a signature, along with today's date, and additional personal information.

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Signature

Date

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## **OATH**

**I, \_\_\_\_\_ (Print Name), pledge to serve God in accordance with the sound principles of compassion, service to humanity, sincere advice, equity, respect for human dignity, and justice; I will serve the people who seek my help, counsel, and advice with compassion, sincerity, and integrity.**

**I will hold in trust the traditions and practices of my religious body. I understand that, as a chaplain, I must function in a pluralistic environment with chaplains of other religious bodies to provide for pastoral care and ministry to persons of religious bodies other than my own within my area of responsibility with the same investment of myself as I give to members of my own religious body. I will work collegially with chaplains of religious bodies other than my own as together we seek to provide as full a ministry as possible to our people. I will respect the beliefs and traditions of my colleagues and those to whom I minister.**

**To affirm this commitment, I will abide by the US-NYS Chaplain Task Force Code of Discipline and the United States Code of Ethics for Chaplains by faithfully supporting its principles and purposes. As further affirmation of my commitment, I pledge to hold myself and my fellow Chaplains accountable for all public actions set forth in these Codes of Ethics. So help me God!**

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**Signature**

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**Date**