

# **CREDENTIAL TRANSFER APPLICATION**

**(Please Read the Following Instructions Carefully.  
Failure to Follow these Instructions will Delay the  
Processing and Delivery of your New Credentials)**

**#1- Fill out the attached application entirely and clearly. YES, you must fill out this application even if you already filled one out for NYSCTF.**

**#2- Mail this application along with a processing fee of \$250, AND your current NYSCTF shield and Member I.D. card OR just your Member I.D. card if you do not have a shield to:**

**Chaplain Task Force  
405 RXR Plaza  
Uniondale, NY 11556**

**#3- Your fee must be in the form of a Money Order or Use the Credit Card Authorization Form Attached to this application.  
NO checks will be accepted.**

**#4- Send a copy of your State I.D. or Driver's License along with your application. Address on your State I.D. or Driver's License MUST match the address on your application.**

**#5- NO you cannot have both NYSCTF credentials and USCTF credentials.**

**#6- USCTF credentials are for those living outside of New York State ONLY. Proof of State Residency MUST be provided.**

**United States Chaplain Task Force**  
An Affiliate of NYS Chaplain Task Force  
Headquarters: New York, U.S.A.



**TRANSFER APPLICATION FORM**

**Member I.D. No.** \_\_\_\_\_ *(Number on your current NYSCTF ID card)* **Religion** \_\_\_\_\_

**State** \_\_\_\_\_ **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? \_\_\_\_\_ 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: \_\_\_\_\_

# United States Chaplain Task Force

An Affiliate of NYS Chaplain Task Force

Headquarters: New York, U.S.A.

## AUTHORIZATION TO CONDUCT CRIMINAL HISTORY CHECK

As part of the application for enrollment as a student and subsequent volunteer work with United States 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 USCTF 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 United States Chaplain Task Force (USCTF) 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 USCTF 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 USCTF.

***I understand that my acceptance into the United States Chaplain Task Force is not guaranteed and is at the discretion of USCTF.***

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

# United States Chaplain Task Force

An Affiliate of NYS Chaplain Task Force

Headquarters: New York, U.S.A.

## 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 USCTF, 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? \_\_\_\_\_

# **United States Chaplain Task Force**

**An Affiliate of NYS Chaplain Task Force**

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

## **DOCUMENT OF AGREEMENT**

I understand that the credentials given and/or licensed to me by United States 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 United States 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 United States 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 United States Chaplain Task Force or be subject to legal proceedings to the furthest extent of the law.

I agree not to hold United States Chaplain Task Force, New York Chaplaincy Services, New York State 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 United States 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 United States 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.

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Applicant Signature

Date

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USCTF Authorized Signature

Date

**United States Chaplain Task Force**  
**An Affiliate of 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 termination.
4. Behavior not becoming of a chaplain, including, but not limited to negative and offensive attitude and actions toward patients, clients, victims, any individual, colleagues, peers and staff are grounds for immediate termination.
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 USCTF and will not be returned. In the case of a candidates or members resignation, dismissal or termination, all documents shall be destroyed by shredding by USCTF.
7. Maintain a good testimony.
8. Do not use your credentials if you are being disciplined by your ecclesiastic authority.
9. Notify USCTF immediately in the event of any infractions of the law.
10. All USCTF badges and credentials are the sole property of USCTF.
11. Shields are licensed from USCTF and must therefore be returned to USCTF upon termination 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 terminated if found guilty of a legal offense.
14. Your membership will be terminated if you knowingly provide false information.
15. 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. Badges/Shields must be accompanied by your ID card at all times.
18. Shields are licensed separately for an additional fee that is not included in the cost of the training.
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 USCTF as soon as it is obtained.
20. Replacement badges may be licensed from USCTF for a fee of \$250 (fee subject to change without notice).
21. Replacement ID Cards may be obtained from USCTF for a fee of \$50 (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 \$105, which includes I.D. Renewal.
27. Dress conservatively when performing your chaplaincy duties.
28. When asked to respond to a call, please notify USCTF as soon as possible as to whether you can respond or not.
29. When in doubt—ask.
30. Create a conscientious email account and voicemail message.
31. Memorize the USCTF Creed and Code of Discipline, and become very familiar with the Disaster/Crisis Code of Ethics.
32. DO NOT EVER speak ill, slander or knowingly take advantage of a fellow chaplain or a member of our organization. Doing so may constitute grounds for immediate termination. Any disagreements between members should be brought to a peaceful resolution between the members in disagreement.
33. ABSOLUTELY NO REFUNDS!!!

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



# **United States Chaplain Task Force**

**An Affiliate of 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 United States Chaplain Task Force (USCTF) is the sole property of USCTF and must therefore be returned to USCTF immediately upon my termination or resignation from said organization. I also understand that if I fail to return the Badge/Shield, USCTF 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 United States 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 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



# **United States Chaplain Task Force**

**An Affiliate of NYS Chaplain Task Force**

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

## **OATH**

I, \_\_\_\_\_ (Print Member 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 United States 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**

# Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (3 digits on back of card/ 4 digits on front for Amex)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize NYSCTF/USCTF to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Cardholder – Please Sign and Date Below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Type of Purchase: \_\_\_\_\_  
\_\_\_\_\_

**Return the completed and signed form to the following:**

**By Mail: 405 RXR Plaza, Uniondale, NY 11556**

**By Email: [info@nysctf.org](mailto:info@nysctf.org)**

**By Fax: 917-386-2590**

