

### ASSOCIATE CHAPLAIN APPLICATION

## **INSTRUCTION SHEET**

Please complete this form and the required enclosures (your character & spiritual references, and your Christian testimony,) being as transparent and honest as possible. Make sure to send in both this application form and the required enclosures by regular mail to the address listed below.

To email the application and enclosures later, save this file to your device. You can then print it out and complete it by hand. Once you have completed it and have your required enclosures, then you can either mail them in to the address listed below or you can scan and email them to openroadchapels@rogers.com.

PLEASE MAKE SURE TO INCLUDE THE REQUIRED ENCLOSURES WITH YOUR APPLICATION. THANK YOU!!



# **ASSOCIATE CHAPLAIN APPLICATION**

## **PERSONAL INFORMATION**

Name:	
City:	
Postal Code:	Email:
Telephone: ()	Cell Phone: ()
You are currently:	Have you been married before? $\ \square$ Yes $\ \square$ No
How many times?	Are you now remarried? ☐ Yes ☐ No
Were you widowed or divorced in a previous n	narriage?
If you are currently married, what is your spou	se's name:
Has your spouse had any previous marriages? ☐ Yes ☐ No	
If yes, was she/he widowed or divorced? ☐ Widowed ☐ Divorced	
Approximate date of your spouse's conversion	n:
To what extent does your spouse support your call to Open Road Chapels?	
□ 100% □ 75% □ 50%	□ 25% □ 0% □ Other %
Do you have children?	Ages:
Are you a member of any secret lodge or society? $\square$ Yes $\square$ No	
Have you worked in the Trucking Industry? ☐ Yes ☐ No	
Position:	Number of years:
WORKING AGREEMENT	
Are you willing to spend 3 days on the Chapel to be trained as a Chaplain?   Yes   No	
Will you work under a Director and cooperate	for the good of the ministry?
Days of the Week when you are available for volunteer work:	
☐ Sun. ☐ Mon. ☐ Tues.	☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.

# **WORKING AGREEMENT (continued)**

Do you prefer scheduled days (monthly, bi-monthly, etc.), or do you just want to be on call?	
☐ Scheduled ☐ Call me when needed	
If you prefer a schedule, list the dates you prefer:	
SPIRITUAL INFORMATION	
Have you read our <i>Statement of Faith</i> ? ☐ Yes ☐ No Do you agree with it? ☐ Yes ☐ No	
If not, please explain:	
List any positions you currently hold in your church:	
List any positions you held in the past in your church:	
Are you presently engaged in Christian activities outside of your church?   Yes  No	
If yes, please list each activity:	
I understand that training sessions are a mandatory part of being a Chaplain with Open Road Chapels.   Yes  No	
Have you taken a networking course to understand your spiritual gifts?   Yes  No	

SPIRITUAL INFORMATION (continued)	
Do you have an accountability partner that you r	meet with at least once a month?   Yes  No
Name, address and phone number of your acc	countability partner:
Why do you want to work as a volunteer Chap	olain for Open Road Chapels?
Any additional information that you think might	t be important:
ENCLOSURES	
☐ One character reference and one spirit	tual reference from my Pastor
☐ My Christian testimony – including the	people and experiences that have influenced my life
SIGNATURE(S)	
Once you have completed the form, you must to us via Canada Post. Thank you.	print and complete it, with signatures, and return it
Name of Applicant (PLEASE PRINT)	Signature of Applicant
Name of Spouse if Applicable (PLEASE PRINT)  Date:	Signature of Spouse if Applicable
We appreciate you taking th	ng time to fill out this application.
FOR ORC USE ONLY	
Date received	Approved
Signature	Not approved
Title	Reason