



Assemblies of the Lord Jesus Christ  
**Missions America Department**  
***The Prisoner's Friend Ministries***  
61103 Old County Road 17, Goshen, Indiana 46528

***Application for Certified Chaplain Volunteer***

- Full Name \_\_\_\_\_ Date \_\_\_\_\_
- Street or P.O. Box # \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
- Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_
- Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced and remarried after conversion? \_\_\_\_\_
- Are you a Licensed Minister \_\_\_\_\_ Ordained \_\_\_\_\_ Pastor \_\_\_\_\_ (check all that apply)
- Are you a Spouse of a Licensed Minister Yes \_\_\_\_\_ No \_\_\_\_\_
- If licensed, with what organization? \_\_\_\_\_
- If Pastor: name, location and phone # of church \_\_\_\_\_  
\_\_\_\_\_
- Time Pastored Current Congregation \_\_\_\_\_ Total time Pastoring \_\_\_\_\_
- If not a Pastor: give the name and location of the church you attend \_\_\_\_\_  
\_\_\_\_\_
- If not a pastor, how long have you attended the congregation you now attend? \_\_\_\_\_
- Have you been baptized in water by immersion in the Name of Jesus Christ for the remission of sins according to Acts 2:38? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_
- Do you believe that speaking with other tongues as the Spirit gives utterance is the initial sign of the baptism of the Holy Ghost according to Acts 2:4? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you received this experience? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_
- Do you believe/teach this experience is necessary for salvation? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you presently active in jail or prison ministry? Yes \_\_\_\_\_ No \_\_\_\_\_

- If your answer was no, how soon until you plan to begin? \_\_\_\_\_
- Where will you be involved? \_\_\_\_\_
- If you are presently involved in jail or prison ministry, give the name and location of the institution(s) in which you are ministering \_\_\_\_\_  
\_\_\_\_\_
- Do you fully understand that a chaplain's certification does not give you ministerial license or credentials with The Assemblies of the Lord Jesus Christ? Yes \_\_\_\_ No \_\_\_\_
- You must include a recommendation letter from your pastor if you are not a pastor. Have you included that recommendation with this application? Yes \_\_\_\_ No \_\_\_\_
- Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_
- E-mail address \_\_\_\_\_

### Requirements

- Completed Application with each page initialed by you and pastor's recommendation letter if you are not a Pastor.
- Photo: A Shoulder/Head color photo is needed. Please take this picture using a smart phone or digital camera and email the photo to mcurton5@gmail.com.
  - Photo should be Shoulder/Head only
  - Men should wear shirt and tie and woman wear a modest top.
  - Must have a solid color light background
- Disclaimer must accompany application with signature and date

### Application Fee

- Initial Fee: \$35.00 Send check/money order payable to Missions America with this completed application. This fee is non-refundable if declined. Upon receipt and approval of the above listed, your chaplain badge will be issued.

### Bi-Annual Certification/Badge

- All certifications expire in two years.
- \$25.00 every two years for certification renewal.
- Photo may be updated at renewal.

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

**Disclaimer** (Must be signed and returned with your application.)

I understand that The Prisoner's Friend Ministries, the Missions America Department of The Assemblies of the Lord Jesus Christ, or The Assemblies of the Lord Jesus Christ organization shall in no way be held responsible for any action I may take or for any conduct on my part that either the penal institution in which I minister shall deem unsuitable, immoral, divisive, or unlawful, or for any action on my part that The Assemblies of the Lord Jesus Christ deems illegal, immoral, unscriptural, or in direct contradiction of the basic plan of salvation as stated in its bylaws. I further understand that my certification can be revoked without legal recourse by me, by The Prisoner's Friend Ministries division of Missions America Department of The Assemblies of the Lord Jesus Christ if any charges of immorality are brought against me by either the prison system or The Assemblies of the Lord Jesus Christ, or if I become the subject of a criminal investigation. I understand that I can request to appear before the Executive Board of the Missions America Department of The Assemblies of the Lord Jesus Christ to defend myself before my certification may be revoked so long as I am not lawfully restrained. If I am lawfully restrained on the date of the review of any complaint(s) against me, my certification can be revoked in my absence without legal recourse by me.

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

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