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|  | CHURCH OF GOD Chaplains Commission Community Service Chaplaincy |

# Application for Certification

## CSC Course Fees

* CSC Level 1: Individual $360; Married Couple $490
* CSC Level 2: Individual $300; Married Couple $370. (does not include updated Certification, ID, or Background)
* Disaster Response CERT: Individual $360; Married Couple $490
* Update Certification and ID: $60
* Acrylic Pocket Badge (not ID card $75)
* **Fees do not include local venue charge for meals**

## Training Venue Information

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level/Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Personal Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last Name First Name M.I. (required)*

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*Street Address/PO Box Apartment/Unit#*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*City State Zip Code*

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile /Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN or ITIN (*required if no middle initial*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle current CSC Certification Level: Level I Level II Level III CERT

Former TIACSC Level (if applicable): Advanced Master Senior Master

Church of God Ministerial File Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Pastor or Supervisor Authorization

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to represent the ministry of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Consent to Perform Criminal History Background Check

As an applicant for Community Service Chaplaincy, I give the Church of God Chaplains Commission permission to conduct a criminal history background check. I do hereby consent to the Commission’s use of any information provided during the application process in performing the criminal history check. I have the right to review and challenge any negative information that would adversely impact a decision to allow me to serve as a volunteer chaplain. I understand this search will be used to determine work assignment or Certification eligibility under the Commission’s volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Commission (to include pastor or agency supervisor). In addition, I release and discharge the Commission and its agents or associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost expenses, or any other charge or complaint filed with any agency arising from the retrieval and report of this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment/volunteer services was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I fully understand its contents and authorize the background verification. (I understand my credit status will not be checked.)

Have you ever been convicted of a crime other than a minor traffic violation? Yes\_\_\_ No\_\_\_ If yes, please explain on back of page.

Print name clearly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Signature: |  |