



# SPIRIT LEAD REVIVAL MINISTRIES

Spirit Lead Revival Ministries  
P.O. Box 850987  
Yukon, OK 73085-0987

## Application For Chaplaincy

Name:

**Statement Of Confidentiality:**

This application is for the sole purpose of helping Spirit Lead Revival Ministries to effectively determine the suitability of an individual to represent Spirit Lead Revival Ministries. on a Chapel. All information is confidential and for the exclusive use of Spirit Lead Revival Ministries. Only those individuals directly involved in the decision-making process will have access to this application.

# Candidate for Chaplain Application

Return To:

Spirit Lead Revival Ministries  
P.O. Box 850987  
Yukon, Ok 73085-0987

Attach Recent

Photo Here

## Instructions:

- A. Please process this form in blue or black ink.
- B. Please be sure to complete application. A resume may be attached but will not substitute for any part of form.
- C. Use another sheet of paper when needed for additional information.
- D. For questions which may not apply to you, please indicate (DNA)
- E. Carefully read and sign the Standard of Conduct and all pages that require Signature.
- F. Return the completed application to the address above.

Application Date: \_\_\_\_\_

I am applying for the position of (check only one):

- Staff Chaplain
- Road Chaplain

**1. General Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

S.S. Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

**2. Family and Personal Information**

A. Are you married? \_\_\_\_\_

If yes Wife's Name \_\_\_\_\_

Date of Marriage. \_\_\_\_\_ Is it a happy marriage? \_\_\_\_\_

B. Have you ever been divorced?  No  Yes  please explain.

Previous marriage.

Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_

Reason: \_\_\_\_\_

Previous marriage.

Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_

Reason: \_\_\_\_\_

This information is complete and accurate \_\_\_\_\_ (Initial)

C. List the names of your children and their ages:

---

---

---

---

D. How many dependents are presently living with you? \_\_\_\_\_

D. Have you ever been convicted of a crime?  NO

Yes, explain: \_\_\_\_\_

---

---

E. Have you ever been through an alcohol or drug repartition program?  No

Yes, please explain: \_\_\_\_\_

---

---

---

### 3. Health Information

A. Present Health: Excellent Good  Average  Poor

B. Do you have any physical limitations which might interfere or be aggravated by working on a chapel?  No  Yes, please explain \_\_\_\_\_

---

---

This information is complete and accurate \_\_\_\_\_ (Initial)

#### 4. Employment History

Give the recent job first. Need history for (5) years

Employer \_\_\_\_\_

Address. \_\_\_\_\_  
Street City State Zip

Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address. \_\_\_\_\_  
Street City State Zip

Employed From \_\_\_\_\_ To. \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address. \_\_\_\_\_  
Street City State Zip

Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

This information is complete and accurate \_\_\_\_\_ (Initial)

Employer \_\_\_\_\_

Address. \_\_\_\_\_  
Street City State Zip

Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address. \_\_\_\_\_  
Street City State Zip

Employed From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**5. Military Service Record**

Were you ever in the military service? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Branch Service dates Rank Special Training Type of Discharge

This information is complete and accurate \_\_\_\_\_ (Initial)

**6. Educational Information**

	Name of School and Location	Dates of Attend. From. To.	Major Subject	Did you Graduate?	Degree Awarded	Number of College Credits
High School						
College						
Seminary						
Other Schools						

Please attach certified copies of transcripts from collage, seminary, etc.

Extra Curricular Activities: (List sports, band, speaking, social, hobbies, etc)

---



---

This information is complete and accurate\_\_\_\_\_ (Initial)

**7. Spousal Support OF Your Ministry**

Spouse's religious background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be the appropriate relation between your marriage and your potential ministry?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To Be Completed By Spouse**

How do you feel about your spouse's decision to pursue this ministry? Please note any concerns you might have.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This information is complete and accurate \_\_\_\_\_ (Initial)



**8: Information about your personal life.**

Describe your most significant experience with Jesus and why they were so meaningful to you.

---

---

---

---

---

Describe a person you know (name not necessary) who you consider to be an outstanding example of Christian life and why?

---

---

---

---

As you see yourself list (3) of your most important strengths and (3) of your weaknesses.

Strengths	Weaknesses/ Growth Areas
1.	1.
2.	2.
3.	3.

This information is complete and accurate \_\_\_\_\_ (Initial)



**10. Legal History Affidavit  
Spirit Lead Revival Ministries**

Please complete this form and have it notarized. Return completed form with Application.

Have you ever been:

1. Accused of sexual harassment? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

2. Formally charged with sexual harassment? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

3. A defendant in a criminal proceeding? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

4. Arrested, indicated, or convicted for any misdemeanor or felony? No \_\_\_ Yes \_\_\_

If (yes) please provide complete information listing the date of conviction, court, sentence (if any) and final disposition.

Felony/ Misdemeanor \_\_\_\_\_

Date of Conviction \_\_\_\_\_

Court \_\_\_\_\_

Sentence \_\_\_\_\_

Final Disposition \_\_\_\_\_

Under penalty of perjury, I certify that I have never been convicted of a felony or misdemeanor.

If this applies to you, please initial here: \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_  
(Print) (in presence of notary)

Date \_\_\_\_\_

Notary \_\_\_\_\_

Notary Signature \_\_\_\_\_

**11. Working Agreement**

Are you willing to raise your own support? (Staff Chaplains Only) Yes \_\_\_ No \_\_\_

Are you willing to spend time in training prior to coming on staff? Yes \_\_\_ No \_\_\_

Are you willing to work under a director and cooperate for the good  
Of the ministry? Yes \_\_\_ No \_\_\_

Would you prefer staying where you currently live? Yes \_\_\_ No \_\_\_

All the information in this form is accurate and true to the best of my knowledge. I authorize the investigation of all statements contained in this application and pursuit of reference evaluations as may be necessary in arriving at a decision to determine my status.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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