



THE CANONICAL ORDER OF CHAPLAINS
(A Convergence Vowed Order)
APPLICATION FOR ADMISSION AS A CANDIDATE
(CONFIDENTIAL INFORMATION REQUIRED BY THE ORDER)

"As a living testimonial to today's convergence vision, this Order is open for membership to all baptized and like-minded Christians who, are called to carry out the mission of Christ to those who are wrestling with life's pressures. We are a community focused on those who may have no spiritual home, or trapped by sickness, and decease. We seek out those lost in hopeless circumstances. We provide inspiration to those who have lost their vision and purpose. We show how service to God provides meaning for life.

We are God's men and women for the moment of crisis.

- 1) I am a member (in good standing) within the Body of Christ;
- 2) I am at least twenty years of age; and,
- 3) I believe I am called, by the Holy Spirit, to a life of prayer, study, and service;
- 4) I am fully committed to the Order of Chaplains Preamble and to The Order's Mission, Identity, Mandate and Calling.

Signature and Date:

(Please type or print information requested)

I. PERSONAL DATA

Name: _____

Mailing Address:

City, State/Prov.:

Zip/Postal Code : _____

Country (if not in the US) _____

Home Phone (with area code/country code): ()

Work Phone (with area code/country code): ()

Fax Number (with area code/country code): ()

Email address:

Date Of Birth: Month: ____ /Day: ____ /Year: ____ Age: ____

Marital Status: _____

Place Of Birth (City, State, Country):

Name Of Spouse:

Names and Ages of Minor Children:

Your Occupation:

Date of Baptism: ____/____/____
Denomination: _____

Ordination History, if any: [Please list *ALL* Ordinations and include: Date, Order (i.e., Deacon, Priest, etc.), Denomination, and Name of Person by whom you were ordained]

1] _____

2] _____

3] _____

Have you ever been a member of another Order: Yes _____ No _____

If YES, Name of Order:

Mailing Address of Order:

Telephone Number of Order: ()

Status: Postulant() Novice () Professed () Associate()

Date of Reception at that Membership Stage:

Religious Denomination of Order:

To which Fraternal Organizations do you belong?

Name, Address and Telephone Number of your Spiritual Director:

(All applicants must answer this question)

II. PARISH or CHURCH DATA

Name of Church:

Priest/ Pastor:

Address of Church:

Phone Number: (____) _____

Denomination: _____

Are you a Member of the Church, in Good Standing? Yes: ___ No: ___

How long have you been attending the above Parish or Church?

What are your activities within the Church or Parish?

III. VOCATIONAL CALLING AND FAITH COMMITMENT

Do you believe that you are called by the Holy Spirit to a life of Prayer, Study, and Service, after the example of Christ, and are you willing to be instructed in the Way of Life as taught by the Order? Yes: _____ No: _____

Do you believe yourself to be fully committed to the historic faith, and are you willing to give written evidence thereof in the required manner [by signing the Affirmation of Candidate at the end of the Credenda *when requested to do so by the Order*]? Yes: _____ No: _____

What are your expectations from the Religious Order of Chaplains? [Add an additional sheet of paper if necessary.]

IV. CRIMINAL HISTORY, DRUG, ALCOHOL USE AND MENTAL HEALTH [ALL QUESTIONS MUST BE ANSWERED. "YES" ANSWERS MUST BE EXPLAINED ON AN ADDITIONAL SHEET OF PAPER. "YES" ANSWERS WILL NOT NECESSARILY DISQUALIFY YOU FOR MEMBERSHIP IN THE ORDER]

Have you ever been convicted of a crime?

Yes: _____ No: _____

Have you ever been involved in the illegal possession, use, purchase, manufacture, trafficking, production, or sale of any controlled substance, narcotic, depressant, stimulant, hallucinogen, or cannabis?

Yes: _____ No: _____

Has your use of alcoholic beverages [such as beer, wine, liquor] ever resulted in the loss of a job, disciplinary action, arrest by police, or any alcohol-related treatment or counselling such as for alcohol abuse or alcoholism?

Yes: _____ No: _____

Have you ever been treated for mental, emotional, psychological, or personality disorder/condition or problem?

Yes: _____ No: _____

Have you ever consulted or been counselled by any mental health professional?

Yes: _____ No: _____

Signature and Date:

CERTIFICATION OF INFORMATION
AND AUTHORITY FOR RELEASE

OF INFORMATION AND RECORDS
(Aspirants for Candidacy must complete this form)

In the Name of the Father and of the Son and of the Holy Spirit. Amen.

The Information I have provided on this application is accurate to the best of my knowledge.[Any misrepresentation or deliberate omission of any fact in my application or other materials will be justification for refusal of Candidacy].

I voluntarily authorise the Religious Order of Chaplains to verify the above information pertaining to this application and release from liability all persons or entities supplying or collecting such information.

This release is valid for 120 days from the date signed.

Copies of this authorisation that show my signature are as valid as the original release signed by me.

Typed or Printed Name (Last, First, Middle)

Date of Birth: ____/____/____

Current Home Street

Address:_____

Current Home City, State/Prov., ZIP Code:

Fax#_____ Email
address_____

Signature of Applicant for Admission

Date:

I have included the following with my application:

___ Letter of Recommendation from my parish priest or church pastor.

___ Twenty-five Dollars (US \$25.00) Registration fee

The Canonical Order of Chaplains

902 Spring Valley Road

Altamonte Springs, Florida 32714

Tel. 407.389.0314