



**FRANKLIN COUNTY  
DEPARTMENT OF PUBLIC SAFETY**

1488 Franklin Street  
Rocky Mount, VA 24151

**Chaplain Application**

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ VA driver's license #: \_\_\_\_\_

To complete a required background check, identify your sex F \_\_\_ M \_\_\_ Race

**CONTACT INFORMATION**

Office #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Email: \_\_\_\_\_

Personal website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

**MINISTRY EXPERIENCE**

Church name: \_\_\_\_\_

Ministry position: \_\_\_\_\_ How long?: \_\_\_\_\_

Denomination: \_\_\_\_\_ ORDAINED: YES \_\_\_ NO \_\_\_

If yes, place of ordination: \_\_\_\_\_ Date ordained: \_\_\_\_\_

Other ministry experience: \_\_\_\_\_

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

**ACTIVITIES**

List other activities and groups in which you are involved (i.e. civic clubs, professional associations, volunteer organizations, etc.).

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Have you been affiliated with any other Fire/EMS agencies as a member or as a chaplain?

No \_\_\_\_ Yes \_\_\_\_ If yes, explain \_\_\_\_\_

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**ADDITIONAL INFORMATION**

While the information requested below pertains to the Christian faith, feel free to apply if you practice another faith. Understand however that the role of the FCPS Chaplain is not to proselytize or promote any particular faith or denomination.

Please attach to this application:

1. Your salvation testimony. Share how you came to realize you were lost and needed the Savior, how you accepted Jesus and how He has changed your life.
2. Your call to ministry. Feel free to include how God prepared you through previous experiences, how God gifted you to answer His call and any other information you want to share.
3. Your call to serve as a volunteer Chaplain. Share how the Lord has called and gifted you as a Public Safety Chaplain.

**REFERENCES**

You will need to list the following references. References will be contacted after your initial interview:

1. One person (other than a family member) that you have led to faith in Jesus Christ.  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. One person (other than a family member and different than #1) you have mentored and/or disciplined.  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. One person who has mentored/disciplined you (other than the person listed in #4).  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Your Pastor or denominational leader (he or she will need to write a letter of recommendation if you are chosen to serve as a Chaplain with FCPS).  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

My signature below indicates that I have read the FCPS Chaplain Response Team Standard Operating Guidelines and I am in total agreement.

In signing this application, I am also aware that a thorough background check will be performed. I further realize that, if I am accepted, I will be a member of a team and submissive to the authority of this ministry and the leadership of Franklin County Public Safety.

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

Return this completed application to:  
Franklin County Public Safety, Chaplaincy, 1488 Franklin Street, Rocky Mount, VA 24151