

BOARD OF ENDORSERS FOR CHAPLAINS  
THE AFRICAN METHODIST EPISCOPAL ZION CHURCH  
3225 West Sugar Creek Road • Charlotte, NC 28269 (704) 599-4630 Ext 2559

APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

For appointment as a chaplain  
in the Armed Forces, Veterans Affairs Hospitals,  
Civilian Hospitals, State, Federal Bureau of Prisons

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**Please Upload to Your Assigned Folder the following documents:**

1. A brief spiritual autobiography (*700-1000 words; MS Word format*)
2. A statement of your motivation and reasons for wanting to serve as a chaplain (*MS Word Format*).
3. A statement from your spouse of concurrence with your application for the chaplaincy and ability to accept separated tours of duty (applicable only to military chaplaincy). MS Word Format
4. College, seminary, and postgraduate transcripts \* (*please have these sent to kaygabrielt@amezion.org*)
5. Three (3) copies of ordination (elder's orders) certificate. (*scan and upload*)
6. Current photograph.

**A. BIOGRAPHICAL INFORMATION**

1. Your full name:
2. Mailing address:
3. Home phone: **Work:**                      **Cell:**
- Place of birth:                      **DOB:**
4. Marital status:  Single     **Married**     Separated     Divorced (if ever separated or divorced, attach a separate statement)
5. Spouse's name:

Children:    **Age**

**6. Education**

- a. College:
- b. Graduate school:  
Graduate school:

**7. Ecclesiastical Status**

- a. Ordained:
- b. Ordained:
  - c. Presently a member of:
- d. Name and address of conference secretary:

- e. Present position:
- f. Pastoral and other types of ministerial experience:
- |                               |                |                  |
|-------------------------------|----------------|------------------|
| Name of church or institution | City and State | Dates of service |
|-------------------------------|----------------|------------------|

**8. Personal Data**

- a. Do you believe you can pass a military medical examination?
- b. Have you or your spouse ever undergone treatment for mental or emotional illness?

Nature of illness \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. List your hobbies, sports and recreational interests:

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

**B. MILITARY OR VETERANS ADMINISTRATION INFORMATION**

1. Have you filed your Federal Bureau of Prison , military or VA application?

Where?

2. Indicate the branch and type of service desired:

- |                               |                   |                     |
|-------------------------------|-------------------|---------------------|
| a. U. S. Army                 | Active Duty _____ | Inactive Duty _____ |
| b. U. S. Air Force            | Active Duty _____ | Inactive Duty _____ |
| c. U. S. Navy                 | Active Duty _____ | Inactive Duty _____ |
| d. VA Hospital                | Full Time _____   | Part Time _____     |
| e. Federal Bureau of Prisons  | Full Time _____   | Part Time _____     |
| f. CIV HOSP/Correctional Inst | Full Time _____   | Part Time _____     |

3. Previous military service \_\_\_\_\_

4. Present military status \_\_\_\_\_

**C. REFERENCES** (Give names and addresses):

1. **Presiding Elder:**
2. **Lay member of your church:**
3. **Fellow pastor:**
4. **One non-member of your church (someone from your community):**

**D. STATEMENT OF UNDERSTANDING**

1. I recognize the authority of The African Methodist Episcopal Zion Church to grant, deny, or withdraw Ecclesiastical Endorsement.
2. I understand that I will be interviewed by a committee representing The African Methodist Episcopal Zion Church.
3. I understand that if accepted as a chaplain in the Armed Forces, I will be subject to active duty orders at any time during a national emergency or general mobilization.

Signature \_\_\_\_\_