



Lifelong Learning

Certificate in Public Safety Chaplaincy Application for Admission

CONTACT INFORMATION

Last Name: First Name: MI:

Street Address:

City: State: Zip code:

Mailing Address (only if different than above)

PO Box or Street Address:

City: State: Zip code:

Phone Number:

Other Phone Number:

Preferred Email:

PERSONAL INFORMATION

Date of Birth:

Social Security Number:

Driver's License # & State:

Optional: Family Information (marital status, name of spouse, children):

CHURCH INFORMATION

Current church membership:

Denomination or affiliation:

Ordination is not required; ordination status does not impact your application.

Are you ordained? Y or N

If Y, to what ministry?

Date and place of ordination:

Denomination or affiliation:

ACADEMIC INFORMATION

List all undergraduate, graduate, and post-graduate institutions attended beginning with the most recent.

Institution	City/State	Dates: from/ to	Degree	Major

PROFESSIONAL HISTORY

List all jobs held within the last 15 years.

Employer	City/State	Dates: from/to	Position

OTHER

Are you currently connected with a public safety agency serving as a chaplain? Y or N

If you are not connected with an agency, you will be contacted by Eric Skidmore to begin this process if admitted to the program. Endorsement from an agency is required prior to beginning the certification program.

Name of Agency:

City/State:

Volunteer or Staff?

Supervisor/Contact Person:

Work phone:

Cell phone:

Email:

I hereby apply to be admitted as a student in the Public Safety Chaplaincy Certification Program at Lutheran Theological Southern Seminary or Lenoir-Rhyne University and certify that all information on this application is true.

I consent to a criminal background check as a part of the admissions process.

Applicant Signature:

Date: