



Endorsement Application

Chaplaincy and Care Ministry (CCM) endorses exceptional, well-trained ministers of the Word or commissioned pastors who serve in specialized ministries beyond the walls of the church. Chaplains are ordained, gifted and trained, called by the church, and sent by Jesus Christ to provide spiritual care to people in pain or spiritual distress.

The Christian Reformed Church in North America (CRCNA) requires chaplains to meet two requirements. First, all pastors serving in chaplaincy positions (assuming paid full time or significant part time) must be endorsed [*Acts of Synod 1998-Article 44, I.C. 3.a., page 391*]. Second, endorsement is an ongoing process. In order to become endorsed, chaplains must follow the process outlined in the document: [Ecclesiastical Endorsement Guidelines for Person Serving as CRCNA Chaplains](#).

CCM provides endorsement for chaplains through assessment, training, and supervision of chaplains' ministries. Many institutions and organizations require ecclesiastical endorsement, as it indicates that a chaplain has the education, certification, and experience to represent and be held accountable by their faith group. CCM also provides provisional endorsements or candidate recommendations to assist future chaplains in meeting vocational or educational requirements. Those who are interested in chaplaincy through the CRCNA should apply.

Please email application materials to chaplaincy@crcna.org or mail them to:

Chaplaincy & Care Ministry CRCNA
1700 28th Street SE
Grand Rapids, MI 49508-1407

For questions, please call Chaplaincy and Care Ministry at 616-224-0844 (USA) or 800-730-3490 (Canada).



Application for Endorsement

NAME:

DATE:

(Last, First, Middle Initial)

ADDRESS:

CITY:

ST/PROV:

COUNTRY:

ZIP:

PHONE:

(OFFICE)

(HOME)

(CELL)

EMAIL:

GENDER:

M

F

MARITAL STATUS:

NAME OF SPOUSE:

CRC church of membership name and location:

Present and previous ministry positions and years of service:

College or University:

Degree & year:

Seminary:

Degree & year:

Graduate work:

Degree & year:

Ordination Date:

or **Anticipated Ordination Date:**

Current or Anticipated Calling Church:

Number of Units of Clinical Pastoral Education (CPE) completed:

Date of last unit:

CPE location(s):

If a military veteran, served from:

to

Rank:

Branch:



Christian Reformed Church
**Chaplaincy and
Care Ministry**

I AM APPLYING FOR CHAPLAINCY ENDORSEMENT WITH PARTICULAR INTEREST IN:

- | | | |
|---|---|--|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Hospice | <input type="checkbox"/> Pastoral Counselor |
| <input type="checkbox"/> Agency/Community | <input type="checkbox"/> Hospital | <input type="checkbox"/> Veterans Affairs |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Long term care | <input type="checkbox"/> Workplace/Industrial
Community |
| <input type="checkbox"/> Certified Educator for CPE | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Military (please specify) | <input type="checkbox"/> Parish | |

Military Active Duty Branch

Reserve/National Guard Branch

Military Chaplain Candidate program Branch

(If in the military or entering the military)

Last 4 digits Social Security#:

Date of Birth:

Please list courses you have taken in psychology, social work, education, and related fields:

Please share your continuing education (CPE, seminars, conferences, retreats, workshops) in areas related to chaplaincy:



1. Describe how your spiritual journey has led you to chaplaincy. Why do you seek endorsement through the CRCNA? (300-500 words)



2. Describe your understanding of chaplaincy ministry. What about it inspires you? What do you find difficult?

3. Describe a time when you provided spiritual care to a person. How do you believe you were able to help? What did you learn from this experience?



Background Disclosure

With concern for the ethical performance of CRC ministry and transparency about issues sensitive to functioning in the public role as chaplain, you are asked to respond to the following statements. There is opportunity for explanation if you so desire.

1. Have you ever been the subject of official discipline by a consistory or classis of the Christian Reformed Church where you pastored?
 1. Suspended Yes No
 2. Deposed Yes No

2. Do you have any official disciplinary action pending at the present time? Yes No

3. Have you ever been the subject of official disciplinary proceedings by another denomination that resulted in disciplinary action? Yes No

4. Are there any pending official disciplinary proceedings by another denomination regarding you at the present time? Yes No

6. Has your relationship with a congregation ever been terminated by way of Article 17 of the Church Order of the Christian Reformed Church (release initiated by self, council, or jointly)?
Yes No

7. Has your employment ever changed because you attempted or actually engaged in:
 - a. sexual discrimination, harassment, exploitation, or misconduct Yes No
 - b. physical abuse Yes No
 - c. child abuse Yes No
 - d. financial misconduct Yes No

8. Has your employment ever changed in order to avoid facing or to avoid facing or to avoid being terminated because of charges of actual or attempted:
 - a. sexual discrimination, harassment, exploitation, or misconduct Yes No
 - b. physical abuse Yes No
 - c. child abuse Yes No
 - d. financial misconduct Yes No



9. Has a civil lawsuit, criminal charge, or ecclesiastical complaint ever been sustained against you for sexual discrimination, harassment, exploitation or misconduct, physical abuse, child abuse, or financial misconduct?

Yes No

10. Have you ever been convicted of a felony? Yes No

If you answered Yes to any of the previous questions, please explain below:

I recognize my responsibility to update this background disclosure in a timely manner should there be a change of status in any of the issues named above. I also consent to sharing the above information with those appointed by the CRCNA Council of Delegates to serve as Chaplaincy Ministry Advisory Council.

Signature

Date

Name