



Chaplaincy Application / Bio / Testimony

Full Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Type of Chaplaincy applying for: (**Circle**) Cadet (14-17 years old) / Assistant / Chaplain / Senior Chaplain (2 years or more experience)

Years of Ministry _____

Have you ministered for Christ Jesus for more than 100 hours? Y/N

Character References:

Phone number

1. _____

2. _____

3. _____

Please give one or two sentences of the following:

Your Type of Ministry: _____

Your Experience: _____

Your Vision: _____

Testimony: _____

continue on back

Short Bio: (This will be posted on the GCU website)

Name: (as you would like it on the website) _____

Contact information (Phone and email) _____

Location: (City and State) _____

Ministry or calling: _____

Short Biography (degrees, training, certifications, ministry experience, etc.)

Administration Notes only:

Pd Pic Bdg Cert Picwp Biowp (mailed / delivered) Ref ck

INSTR CAND CONCL CAND (A, P, E, Pr, T, lcr, Wp, Hos)