**TODAY'S DATE: 󠄕**

**Thank you for participating in Orientation and for your interest in the LECS Chaplain Academy. Please complete this document (type or print clearly) and email it to academy@sacchaplains.com and someone will get back to you regarding the next steps.**

**NAME: DOB:**

**GENDER: 󠄕**[ ]  **MALE 󠄕**[ ]  **FEMALE LAST 4 DIGITS OF SOCIAL:**

**PHYSICAL HOME ADDRESS:**

**CITY: STATE: ZIP:**

**PRIMARY CELL PHONE #:**

**SECONDARY PHONE #:**

**EMAIL ADDRESS:**

**SPOUSE NAME (if applicable):**

**RELIGIOUS AFFILIATION**

**FAITH ORGANIZATION NAME:**

**MAILING ADDRESS:**

**CITY: STATE: ZIP:**

**CLERGY PERSON’S NAME: PHONE #:**

**EMAIL ADDRESS:**

**ON AVERAGE, HOW MANY HOURS PER WEEK DO YOU SPEND IN MINISTRY? (Please explain)**

**ARE YOU FINANCIALLY SUPPORTED BY THE SAME MINISTRY?** [ ]  **NO** [ ]  **YES** [ ]  **PARTIALLY**

**MINISTRY STATUS:** [ ]  **ORDAINED** [ ]  **LICENSED** [ ]  **COMMISSIONED** [ ]  **OTHER**

**IF YOU HAVE AN OCCUPATION IN PLACE OF, OR IN ADDTION TO, YOUR MINISTRY, WHAT IS IT AND APPROXIMATELY HOW MANY HOURS ARE GIVEN TO IT EACH WEEK?**

**OTHER AFFILIATIONS (Please list other organizations you are affiliated with)**

**ORGANIZATION NAME: WEBSITE:**

**APPROX. HOW MANY HOURS PER WEEK DO YOU DEVOTE TO THIS ORGANIZATION:**

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**APPROX. HOW MANY HOURS PER WEEK DO YOU DEVOTE TO THIS ORGANIZATION:**

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**APPLICANT’S SIGNATURE:**