**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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The Law Enforcement Chaplaincy Sacramento (LECS) is a non-profit 501(c)(3) organization and follows the Equal Employment Opportunity Commission (EEOC) requirements in that we do not discriminate on the basis of race, color, religion (creed), gender, age, national origin (ancestry), marital status, sexual orientation, or military status, in any of its activities and operations. Completion of this application does not guarantee acceptance into the Chaplain Academy.

**APPLICANT’S SIGNATURE:**