

Los Angeles County Probation Department – Volunteer Chaplain Application

Chaplains will build trust and rapport with department personnel and their families and fulfill the programs purpose by providing emotional and spiritual support and encouragement during times of crisis and celebration.

(Please indicate which position you are seeking.)

The Volunteer Chaplain program provides spiritual guidance and support to Probation Department staff at all levels, upon request.

The Lead Chaplain is a volunteer chaplain who is responsible for the operation of the Volunteer Chaplaincy Program. The Lead Chaplain will work closely with the Program Coordinator and the Executive Chaplaincy Committee to support the Volunteer Chaplains in the execution of their duties. The Lead Chaplain reports to the Program Coordinator and the Executive Chaplain’s Committee.

APPLICANT INFORMATION

Name:

(Last)

(First)

(Middle)

Current Address:

City:

State:

Zip Code:

Date of Birth:

Social Sec. No.:

Citizenship:

Home Phone:

Cell Phone:

Work Phone:

DL No:

DL State:

DL Expiration Date:

Email Address:

Secondary Email Address:

EMPLOYMENT INFORMATION

Current Employer:

Retired

Address:

City:

State:

Zip:

Phone 1:

Phone 2:

EMERGENCY CONTACT INFORMATION

Name of Contact

Address:

City:

State Zip:

Zip:

Home Phone:

Relationship:

Mobile Phone:

EDUCATION – PLEASE LIST HIGHEST LEVEL OF EDUCATION ATTAINED

High School Diploma/Equivalent

Some College

Associate Degree

Bachelor’s degree

Post Bachelorette

Master’s Degree or Higher

School:

Degree Earned/Awarded:

Year:

MILITARY SERVICE			
Branch:	Choose an item.	Discharge Date	Click or tap to enter a date.
Rank at Discharge		Type of Discharge	Choose an item.

REFERENCES: PLEASE LIST THREE REFERENCES	
Full Name:	Relationship:
Address:	Phone
May we contact this person:	
Full Name:	Relationship:
Address:	Phone
May we contact this person:	
Full Name:	Relationship:
Address:	Phone
May we contact this person:	

CERTIFICATIONS , LICENCES, trainings (ordination, training, multilanguage : PLEASE LIST ANY CERTIFICATIONS OR LICENCES HELD WHICH PERTAIN TO THE POSITION OF LEAD CHAPLAIN		
LICENCE/CERTIFICATION	DATE GRANTED	ACTIVE
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE EXPLAIN WHY YOU WANT TO BE A VOLUNTEER CHAPLAIN

PLEASE INDICATE ANY EXPERIENCE PROVIDING PRESENCE AND SPIRITUAL SUPPORT IN THE CAPACITY OF CHAPLAIN

LEADERSHIP EXPERIENCE – PLEASE PROVIDE INFORMATION ON ANY LEADERSHIP EXPERIENCE YOU HAVE IN THE AREA OF SPIRITUAL GUIDANCE

IF NOT SELECTED AS THE LEAD CHAPLAIN WOULD YOU BE INTERESTED IN SERVING AS A VOLUNTEER CHAPLAIN?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Initial: _____
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I, _____ hereby authorize the Los Angeles County Probation Department to initiate a background check prior to my acceptance as a civilian volunteer.

Signature:	Print Name:	Date:
Witness:	Print Name:	Date:

**SEND COMPLETED APPLICATIONS TO:
PROB-ExecChaplaincyCommittee@probation.lacounty.gov**