



**The International Fellowship of Bible Churches, Inc.**

# **CHAPLAINCY GUIDE**

**2017**





## TABLE OF CONTENTS

<b>I.</b>	<b>Definition of an IFBC Chaplain .....</b>	<b>3</b>
<b>II.</b>	<b>Qualities of an IFBC Chaplain .....</b>	<b>3</b>
<b>III.</b>	<b>Mission of the Chaplain .....</b>	<b>3</b>
<b>IV.</b>	<b>Mission of Chaplain Initiatives .....</b>	<b>3</b>
<b>V.</b>	<b>Vision for Chaplain Initiatives .....</b>	<b>3</b>
<b>VI.</b>	<b>Chaplain Ministry Opportunity Designations.....</b>	<b>4</b>
<b>VII.</b>	<b>Chaplain Initiatives Council .....</b>	<b>4</b>
<b>VIII.</b>	<b>Prerequisites for Chaplain Endorsement .....</b>	<b>5</b>
<b>IX.</b>	<b>Categories of Chaplains.....</b>	<b>6</b>
<b>X.</b>	<b>Process for Endorsement.....</b>	<b>8</b>
<b>XI.</b>	<b>Relationship of the Chaplain to the Church .....</b>	<b>9</b>
<b>XII.</b>	<b>Responsibilities of the Chaplain Initiatives Council (CIC) .....</b>	<b>12</b>
<b>XIII.</b>	<b>Responsibilities of the Director of Chaplain Initiatives (DCI) .....</b>	<b>12</b>
<b>XIV.</b>	<b>Appendices</b>	
<b>A.</b>	<b>Helpful Resources .....</b>	<b>13</b>
	<b>Acronyms .....</b>	<b>13</b>
	<b>Organizations .....</b>	<b>14</b>
	<b>Recommended Reading .....</b>	<b>15</b>
<b>B.</b>	<b>Application Form, Military .....</b>	<b>19</b>
<b>C.</b>	<b>Application Form, Non-military .....</b>	<b>29</b>
<b>D.</b>	<b>Endorser Checklist .....</b>	<b>39</b>
<b>E.</b>	<b>Chaplain Activity Report Form .....</b>	<b>40</b>
<b>F.</b>	<b>Financial Support .....</b>	<b>41</b>
<b>G.</b>	<b>Background Check Authorization Form .....</b>	<b>42</b>



The International Fellowship of Bible Churches, Inc.

# CHAPLAINCY GUIDE

## I. DEFINITION OF A CHAPLAIN

An IFBC chaplain is defined as an ordained minister of the Gospel of Jesus Christ who Provides pastoral care in sectarian and/or non-sectarian environments.

## II. QUALITIES OF A CHAPLAIN

In order to be a chaplain, a minister needs to have

- A. a clear understanding of his or her relationship to Jesus Christ and a clear understanding of ministry, both its foundation and its purpose;
- B. a confidence in their own spiritual tradition (in this case, that of the IFBC) and the ability to minister to people of all faiths or with no faith; and
- C. the ability to identify with and to be identified with those who will be served, almost always beyond the environs of the traditional church.

## III. MISSION OF THE CHAPLAIN

The mission of the chaplain, simply put, is to provide spiritual nurture to those *beyond the walls*<sup>™</sup> of the traditional church structure.

## IV. MISSION OF CHAPLAIN INITIATIVES

It is the mission of IFBC's Chaplain Initiatives to facilitate men and women answering God's call to ministry in traditional and non-traditional settings in order to enhance the spiritual well-being of those who do not gather in traditional settings for spiritual nurture, instruction and worship. This mission is accomplished by endorsement and support of individual chaplains, as well as by chaplain related consultation and training in response to invitation.

## V. VISION FOR CHAPLAIN INITIATIVES

It is the vision of the IFBC's Chaplain Initiatives to partner both at home and around the globe with individual chaplain candidates, organizations of chaplains, organizations utilizing chaplains and organizations desiring to establish or enhance chaplaincy programs to facilitate the use of chaplains to minister to the heartfelt spiritual needs of those in "non-church" settings which might not otherwise have such ministry available, whether military or non-military.



## VI. CHAPLAIN MINISTRY OPPORTUNITY DESIGNATIONS

### A. Law-Enforcement

FBI  
Jail  
Police/Sheriff Departments  
Prison

### B. Emergency Initiatives

Emergency Initiatives  
Emergency Medical Initiatives  
Fire Department

### C. Health Care

Home Health  
Hospice  
Hospital  
Nursing Home

### D. VA (Department of Veterans' Affairs)

### E. Industrial

Campus  
Retirement Facility  
Workplace

### F. Military

Chaplain Candidate  
Air Force, Air Force Reserve and Civil  
Air Patrol  
Air National Guard  
Army and Army Reserve  
Army National Guard  
Coast Guard and Coast Guard Reserve  
Navy (also supplies chaplains for the  
Marines) and Navy Reserve

## VII. CHAPLAIN INITIATIVES COUNCIL (CIC)

### A. Purpose

The purpose of the CIC is to promote and manage the Chaplaincy Program of the IFBC under guidelines established by the International Coordinating Council (ICC) in the *Chaplaincy Guide*.

### B. Structure

1. The membership of the CIC will be made up of Elders, at least half of which will be Endorsed Chaplains, if such are available for appropriate appointment. The specific numbers will be established, from time to time, by the ICC upon recommendation by the Director of Chaplain Initiatives (DCI) or the CIC. Half the number of members present will represent a quorum. Conference call and email meetings are acceptable.
2. Initial appointments will be made by the ICC, with subsequent vacancies being filled by recommendation of the CIC and confirmation by the ICC.
3. The Executive Committee shall be made up of the Chairperson, Vice-Chairperson and the Secretary. The Executive Committee will have the authority to act on behalf of the CIC in the absence of a CIC quorum and if all three members of the Executive Committee are present.
4. The Director of Chaplain Initiatives will be the ex-officio Chairperson.



### **C. Relationship to ICC**

1. The CIC is amenable in all respects to the ICC.
2. The Director of the Chaplain Initiatives is appointed by the ICC, and serves on the ICC as an ex-officio member.
3. The ICC grants authority and responsibility to the CIC via and in accordance with the *Chaplaincy Guide*, which is to govern all activities of the CIC.
4. Also see Paragraph XI.

## **VIII. PREREQUISITES FOR CHAPLAIN ENDORSEMENT**

### **A. Call to the ministry**

The IFBC feels very strongly that to enter into the professional ministry there must be an inner certainty and affirmation by others that the hand of God has “called you out”.

### **B. Ordination**

See the appropriate sections in the IFBC’s *Handbook of Faith and Practice*.

### **C. Pastoral experience**

Two years of pastoral experience is required of the applicant, either in a staff position or as senior pastor. It is essential that a chaplain build a foundation of service within one’s own faith tradition before attempting to bring that perspective into redemptive and nurturing efforts in very diverse settings. Exceptions may only be granted by the ICC upon the recommendation by the CIC.

### **D. Non-pastoral work experience**

For workplace chaplaincy ministry, two years of work experience outside of a professional ministry setting is essential for establishing an intimate understanding of the experience of those who work outside the formal ministry. Exceptions may only be granted by the ICC upon the recommendation by the CIC.

### **E. Church membership**

The applicant must meet and maintain all ordination requirements concerning church membership established by the IFBC’s *Handbook on Faith and Practice*.

### **F. Recommendations**

Each applicant will be required to be recommended as stipulated on the Application Form.

### **G. Approval by the Chaplain Initiative Council (CIC)**

Applicants will have their applications reviewed by the CIC Executive Committee or their appointee.

1. If the applicant is deemed to have met all applicable criteria, including a complete application, he or she will be invited to meet with the CIC for an interview. Also see IX.B.



2. Based on that interview, the CIC will vote to approve, reject or table the application for endorsement. If the action is to reject or to table, the reasons for such action will be communicated to the applicant in writing. See Appendix F for the Appeals Process.
3. An interim endorsement may be given by the DCI pending the action of the CIC.
4. For further information related to the CIC, see the applicable section(s) of this handbook.

#### **H. Ministry-specific requirements**

All applicants for endorsement will conform to all requirements placed upon the applicant by the specific setting in which the chaplain candidate anticipates serving. As an example, hospitals, typically, and the military require their chaplains to be ordained and to have an M.Div. degree, or its equivalent, and one to four Clinical Pastoral Education (CPE) units. In addition, the military sets standards regarding age, weight and other criteria. Certifying agencies, such as APC, may have more stringent requirements.

#### **I. Endorsement**

Once the application for endorsement is approved by the CIC, a formal endorsement by the IFBC will be forthcoming, signed by the DCI.

1. The endorsement will be specific to the type of chaplaincy ministry for which the application for endorsement was submitted. For further clarification, see “Categories of Chaplaincy...” above and Appendix C.
2. Endorsements will be considered only for those ministers required by their prospective ministries to have such an endorsement. Otherwise, the minister can function as an affiliated chaplain (see next section).

### **IX. CATEGORIES OF CHAPLAINS**

#### **A. Applicant**

This category identifies those individuals who have made application for endorsement as a chaplain and for whom the application process is still active, but not complete.

#### **B. Endorsed Chaplain**

1. Identified ministry type and goals.
2. Met the prerequisites.
3. Completed the application and endorsement process (see IX.).
4. Became engaged in the ministry or making application to do so.
5. Keeps the CIC apprised of any changes in ministry or contact information.
6. Reports to the CIC annually, with quarterly updates of success stories and/or issues needing expanded prayer support.



7. Provides monthly support to the Chaplain Initiative consistent with the Support Guide (see Appendix H).

### **C. Affiliate Chaplain**

Some venues of service will welcome the ministry of chaplains without any concern for endorsement. IFBC ministers functioning in such a role can enjoy the benefits of recognition by the IFBC and inclusion on IFBC chaplaincy and mailing lists. The simplified process is as follows.

1. Become engaged in the ministry.
2. Inform the CIC about your ministry.
3. Keep the CIC apprised of any changes in ministry or contact information

### **D. Provisionally-Endorsed Chaplain**

This category is for individuals who have met all obligations for endorsement except they hold a Minister's License or a Silver Seal Ordination Certificate rather than the Gold Seal Ordination Certificate.

1. Provisional Endorsement will follow the same basic procedure as for Endorsed Chaplains.
2. Endorsed (non-provisional) status is achieved after (usually simultaneously) the chaplain is granted the Gold Seal Ordination Certificate.

### **E. Local Affiliate Chaplain**

For members of local IFBC churches who are neither licensed or ordained by the IFBC, but who desire to be engaged in ministry which requires recognition of their fitness as a lay minister functioning as a chaplain.

1. This recognition may be granted by the local Church Board upon the recommendation of the church Pastor.
2. A certificate may be granted by the local church identifying the individual as a Local Affiliate Chaplain of the *<name of the local church>*. The certificate should be valid for no more than one year. The expiration date should be visible on the certificate.
3. The local church is responsible for the oversight of the Chaplain's activities.
4. The Chaplain should meet with the Pastor monthly to discuss ministry issues.
5. The Chaplain should give a formal report annually to the Church Board.
6. The church Pastor should send the name and email address of the Chaplain to the DCI.



## **X. PROCESS FOR ENDORSEMENT**

### **A. Applicant**

1. Applicant should send completed application to the DCI or his designee.
2. The application will include
  - a. Application Form (see Appendix)
  - b. Photo of applicant
  - c. Resume
  - d. References (as listed in the Application)
  - e. Signed Background Authorization Form
  - f. First month's support check. See X.C.3. The check will be applied to the month in which the application is approved. Check will be returned or refunded if application is denied.
  - g. A \$50.00 non-refundable application fee.
  - h. If applicable, the positional application form submitted or to be submitted for the chaplaincy post, including the list of prerequisites for the position, along with verification that the prerequisites have been met or the projected timing.

### **B. CIC**

1. Review applicant
  - a. Review application
  - b. Check references
  - c. Interview applicant
    - 1) If not full-time, by the DCI or their representative
    - 2) If full-time, by the CIC. Or if, in the opinion of the DCI, the situation warrants, by the CIC Executive Committee.
2. Approve, deny or table application
  - a. If applicant is not to be full-time, by the DCI or their representative
  - b. If applicant is to be employed full-time, by the CIC. Or if, in the opinion of the DCI, the situation warrants, by the CIC Executive Committee
  - c. If approved, the DCI will endorse, sending the appropriate documentation.
  - d. If denied, the DCI will send communication listing reasons for denial and a copy of the Appeals Process.
  - e. If tabled, the DCI will send communication listing reasons for the tabling action and a copy of the Appeals Process.
3. The DCI will inform the ICC in a timely manner of actions taken.

### **C. ICC**

The ICC reviews all actions of the CIC and responds to any resulting appeals.

### **D. Appeals Process**

1. If an application for endorsement is tabled or denied, the ICC Chairperson and the applicant will be notified within 2 business days of such action, and the reasons therefore.
2. Within 10 business days of notification of such action, applicant will notify, by fax, email or regular mail, the ICC Chairperson at the address for the International Headquarters of the IFBC of their intent to appeal.





3. Within 30 days of the original notification by the ICC Chairperson, applicant will submit, in writing, the reason(s) they believe the tabling or denial of their application to be inappropriate (the Appeal).
4. Within 30 days from the receipt of the Appeal, the ICC Chairperson, in collaboration with the ICC Executive Committee, will communicate a written decision to the applicant on behalf of the IFBC.
5. This decision will be final and no further appeal will be possible.
6. In the event a tabled application is ultimately denied, such action shall be considered as a separate event, and the appeals process may once again be used.
6. In the event the deficiencies causing an application to be denied are subsequently removed, the applicant may re-apply.

## **XI. RELATIONSHIP OF THE CHAPLAIN TO THE CHURCH**

### **A. To the International Assembly (IA)**

1. The relationship of the Chaplain to the IA is based on the Chaplain's status as a minister recognized by the IFBC and is defined in the IFBC's *Handbook of Faith and Practice*. This includes the fact that, although the endorsement is intended to be permanent, it will be reviewed annually and can be withdrawn with or without prejudice at any time at the discretion of the ICC, being recommended by the CIC. See X.B.
2. An applicant has opportunity to approach Chaplain Initiatives for endorsement because the IFBC, initially, was nationally recognized as an Endorsing Agency by virtue of its inclusion in *The Yearbook of American and Canadian Churches*, which was published annually by the National Council of Churches (NCC) USA.
3. Withdrawal of one's ordination by the IA will automatically void one's endorsement.

### **B. To the International Coordinating Council (ICC)**

1. The chaplain's relationship to the ICC is indirect, through the CIC (see X.C.).
2. Upon recommendation by the CIC, the ICC may withdraw a chaplain's endorsement. Potential reasons for such withdrawal include, but are not limited to the following.
  - a. Failure of a chaplain to submit the expected report prior to the ICC meeting immediately following the due date for the non-submitted report.
  - b. The ICC feels such endorsement is harmful or potentially harmful to the reputation or wellbeing of the IFBC.
  - c. The chaplain's activities are in any way contradictory to the *Handbook of Faith and Practice* and/or the *Chaplaincy Guide*.
  - d. In the case of such action:
    - 1) The ICC will notify the affected chaplain within two weeks of its decision to withdraw endorsement.
    - 2) The affected chaplain will have 30 days from the date on the notification to appeal the ICC's action (see Appendix G.3-7)
    - 3) If no appeal is received within 30 days, such withdrawal of endorsement will be communicated at least to the chaplain's place of employment as a chaplain and to any certifying agency to which the endorsement was submitted.



- 4) If an appeal is received within 30 days, no notification such as mentioned in 3) above will be made until such appeal has failed.
3. If an endorsed chaplain finds that active endorsement is no longer necessary and does not wish to continue to report on an annual basis, the chaplain may request a suspension of their endorsement through the CIC. Reapplication may be made as the situation warrants.

### **C. To the Chaplain Initiatives Council (CIC)**

1. Each chaplain can expect the CIC to be a resource of empowerment, accountability, nurture and affirmation.
2. Conversely, each chaplain will make an annual report to the CIC (see Appendix).
  - a. These annual reports shall be considered substitutionary for the bi-annual IFBC Minister's Report, unless the chaplain is also ministering in a non-chaplain status, such as pastor or local church staff.
  - b. In addition, a chaplain is to forward a copy of all reports submitted within their organizational structure, as they are submitted, and is to forward a copy of all job/performance reviews received from any source, as they are received.
  - c. Failure of a chaplain to submit the expected reports will automatically place that chaplain's Endorsement under review.
  - d. Quarterly updates from the chaplain to the CIC are expected for purposes of outlining stories of Divine blessing and intervention, as well as sharing situations needing expanded prayer support, and may be submitted by any written means, including email. Information for the fourth quarterly update each year will be included in the Annual Report.
  - e. Under certain conditions, the CIC may recommend to the ICC withdrawal of a chaplain's endorsement. See X.B.
4. Each chaplain will provide monthly support to the IFBC for underwriting the expenses associated with Chaplain Initiatives. See Appendix H. Exceptions for hardship may be approved by the ICC upon recommendation by the CIC.
5. Each chaplain's endorsement may be reviewed by the DCI or DCI's designee at any time with various results being recommended to the CIC for subsequent action, including the following.
  - a. No response.
  - b. Endorsement may be placed in an Under Review status. The criteria for such action would be the chaplain's lack of fulfillment of expectations enumerated in the *Chaplaincy Guide*, including but not limited to the following.
    - 1) Non-reporting (see X.C.2.a-e).
    - 2) Non-waivered sub-standard support (see X.C.3.).
    - 3) Non-involvement with a local church (see VII.E. and X.D.).
    - 4) Chaplain will be notified in writing within 30 days of such action by the CIC along with the time frame for removing the deficiency.
    - 5) The time allowed for such deficiencies to be removed will vary depending upon the deficiency, but in no situation will this status be retained for more than one year.



- c. Withdrawal of endorsement (see X.B.1 and XI.F).
- 1) If chaplain has not removed the deficiency by the CIC in the identified time-frame, the CIC will recommend to the ICC withdrawal of endorsement.
  - 2) Notification of the CIC to make such a recommendation will be communicated to the affected chaplain in writing mailed or emailed 30 days prior to the recommendation being made to the ICC, including the date for the meeting of the ICC considering the recommendation.
  - 3) The affected chaplain may meet with the ICC in person to respond to the recommendation or do so in writing. Such written response must be received by the General Superintendant or the ICC Secretary no later than seven days prior to the date of the scheduled meeting of the ICC given in the recommendation notification to the affected chaplain (also see X.B.2).

#### **D. To the local church**

1. Accountability to the local church begins (in this context) when the aspiring chaplain submits to servant leadership within a local body, taking on the role of pastor or church staff (See VII. Prerequisites).
2. Upon entering the chaplaincy, the chaplain is required to make an annual report to the local church where their membership resides. The form for this report will be provided, and will include a description of ministry activities, examples of positive outcomes and testimony of current spiritual status. The chaplain can expect there to be communication between the DCI, or their representative, and the chaplain's local church. See XI.E.
3. The chaplain is expected to be exemplary in their membership responsibilities to the local church (also see VI.E.).

#### **E. To our faith tradition**

1. Because the chaplain functions in a non-sectarian environment, there will be occasions when the chaplain senses pressure to compromise the tenants of his or her own faith tradition. Although an employed chaplain serves at the behest of their employer and a chaplain in the Armed Forces serves at the behest of the chaplain's commander, infidelity to the essential tenants of one's own faith, by definition, should never be required. If such pressure is being applied, it is always being done so in contradiction to the traditional standards and expectations of the chaplaincy.
2. On the other hand, the chaplain must always function with the utmost tact, kindness and insight when dealing with people of other faith traditions.
  - a. The chaplain must never act in any way that would be considered hostile or demeaning. Such is not the spirit of Christ. One must, rather, relate in a manner that conveys understanding, always implying, when permission is given, a better way.
  - b. Especially when such permission is not given, there may be occasions when the chaplain needs to refer to chaplains or clergy of a faith tradition consistent with that of the one needing ministry.



3. Like Christ with the woman taken in adultery and Mary Magdelene in the garden on that first Easter, the chaplain must meet and minister to people right where they are, without preconditions.

## **XII. RESPONSIBILITIES OF THE CHAPLAIN INITIATIVES COUNCIL (CIC)**

It is the responsibility of the CIC to:

- A. Organize/reorganize itself, including the election of Vice-Chairman and Secretary, consistent with the timing of the IA fall ICC meeting, annually.
- B. Establish and maintain relationships with national agencies which identify and/or recognize organizations as legitimate endorsing agencies.
- C. Promote chaplains and chaplaincy ministries within the sphere of influence of the IFBC Act on requests for endorsement by chaplain candidates for endorsement (see IX.).
- D. Nurture, affirm and hold accountable ministers identified as IFBC chaplains.
- E. Make recommendations to the ICC for withdrawal of endorsements.
- F. Make nominations to the ICC for filling of vacancies on the CIC.
- G. Recommend to the ICC a chaplain to fill the vacancy in the position of Director of Chaplain Initiatives.
- H. Make recommendations to the ICC for changes in the *Chaplaincy Guide*.
- I. Make recommendations to the IA, through the ICC, for changes in applicable sections of the *Handbook of Faith and Practice*.

## **XIII. RESPONSIBILITIES OF THE DIRECTOR OF CHAPLAIN INITIATIVES (DCI)**

The responsibilities of the Director are to:

- A. Act as Ex Officio Chairperson of the CIC.
- B. Serve as Ex Officio member of the ICC.
- C. Serve as the official Endorser for the IFBC. See IX.
- D. Make reports to the ICC and IA as requested by the ICC or the General Superintendent.
- E. Oversee, coordinate and facilitate the activities of the CIC.
- F. In the event no other Elder is available to participate as a member of the CIC, the Director shall function as the CIC. This relieves the CIC of all directives requiring other members until such time as such other members become available and appointed.



## **XIV. APPENDIX**

### **Appendix A. Helpful Resources**

#### **ACRONYMS**

<b>AACC</b>	<b>American Association of Christian Counselors</b>
<b>AAPC</b>	<b>Association of Pastoral Counselors</b>
<b>ACCA</b>	<b>American Correctional Chaplains Association</b>
<b>ACPE</b>	<b>Association for Clinical Pastoral Education</b>
<b>AFCB</b>	<b>Armed Forces Chaplains Board</b>
<b>APC</b>	<b>Association of Professional Chaplains (a certifying body)</b>
<b>CAP</b>	<b>Civil Air Patrol</b>
<b>CPE</b>	<b>Clinical Pastoral Education</b>
<b>CPSP</b>	<b>College of Pastoral Supervision &amp; Psychotherapy</b>
<b>COMISS</b>	<b>Council on Ministries in Specialized Settings</b>
<b>CIC</b>	<b>Chaplain Initiatives Council</b>
<b>DCI</b>	<b>Director of Chaplain Initiatives</b>
<b>ECVAC</b>	<b>Endorsers Conference for Veterans Affairs Chaplaincy</b>
<b>HCMA</b>	<b>Healthcare Chaplaincy Ministry Organization (a certifying body)</b>
<b>IA</b>	<b>International Assembly</b>
<b>ICC</b>	<b>International Coordinating Council</b>
<b>ICPC</b>	<b>International Conference of Police Chaplains</b>
<b>IFBC</b>	<b>International Fellowship of Bible Churches</b>
<b>M.Div.</b>	<b>Master of Divinity degree</b>
<b>NAE</b>	<b>National Association of Evangelicals</b>
<b>NCMAF</b>	<b>National Conference on Ministry to the Armed Forces</b>
<b>NMFA</b>	<b>National Military Family Association</b>
<b>NIBIC</b>	<b>National Institute of Business &amp; Industrial Chaplaincy</b>
<b>TAPS</b>	<b>Tragedy Assistance Program for Survivors</b>
<b>VA</b>	<b>Veterans Administration</b>



## ORGANIZATIONS (2 pages)

### **American Association of Christian Counselors (AACC)**

PO Box 739  
Forest, VA 24551  
(800) 526-8673  
[www.AACC.net](http://www.AACC.net)

### **American Association of Pastoral Counselors (AAPC)**

9504 A Lee Hwy  
Fairfax, VA 22031  
(703) 385-6967  
[www.aapc.org](http://www.aapc.org)

### **American Correctional Chaplains Association (ACCA)**

Box 422  
East Lyme, CT 06333  
(860) 691-6549  
[www.correctionalchaplains.org](http://www.correctionalchaplains.org)

### **Association for Clinical Pastoral Education (ACPE)**

1549 Clairmont Rd, Ste 103  
Decatur, GA 30033  
(404) 320-1472  
[www.acpe.edu](http://www.acpe.edu)

### **Association of Professional Chaplains (APC)**

1701 E. Woodfield Rd, Ste 760  
Schaumburg, IL 60173  
(847) 240-1014  
[www.professionalchaplains.org](http://www.professionalchaplains.org)

### **College of Pastoral Supervision & Psychotherapy (CPSP)**

PO Box 162  
432 W. 47<sup>th</sup> ST, 2W  
Times Square Station  
New York, NY 10108  
(212) 246-6410  
[www.cpsp.org](http://www.cpsp.org)

### **Council on Ministries in Specialized Settings (COMISS)**

PO Box 2409  
Poquoson, VA 23662  
(757) 728-3180  
[www.comissnetwork.org](http://www.comissnetwork.org)

### **Healthcare Chaplains Ministry Association (HCMA)**

377 E. Chapman Ave, Suite 260  
Placentia, CA 92870-5094  
Phone: (714) 572-3626  
Fax: (714) 572-0585  
[www.hmachaplains.org](http://www.hmachaplains.org)

### **International Conference of Police Chaplains (ICPC)**

PO Box 5590  
Destin, FL 32540  
(850) 654-9736  
[icpc@icpc.gccoxmail.com](mailto:icpc@icpc.gccoxmail.com)

### **International Fellowship of Bible Churches (IFBC)**

PO Box 1222  
Bethany, OK 73008  
(405) 948-9388  
[www.ifbc.org](http://www.ifbc.org)

### **National Conference on Ministry to the Armed Forces (NCMAF)**

7708 Griffin Pond Ct.  
Springfield, VA 22153  
(703) 455-7908  
[www.ncmaf.org](http://www.ncmaf.org)

### **National Military Family Association, Inc. (NMFA)**

2500 North Van Dorn St., Suite 102  
Alexandria, VA 22302-1601  
(800) 260-0218  
[www.nmfa.org](http://www.nmfa.org)



**National Institute of Business & Industrial  
Chaplaincy (NIBIC)**

1770 St. James Place, Ste 550

Houston, TX 77056

(713) 266-2456

[www.nibic.com](http://www.nibic.com)

**Tragedy Assistance Program for Survivors  
(TAPS)**

910 17th Street, NW Suite 800

Washington, DC 20006

800-959-8277

[www.taps.org](http://www.taps.org)



### RECOMMENDED READING (3 pages)

Arn, Win, and Charles Arn. *Catch the Wave: A Handbook for Effective Ministry with Senior Adults*. Kansas City: Beacon Hill, 1999.

Beckner, W. Thomas, and Jeff Park, eds. *Effective Jail and Prison Ministry for the 21<sup>st</sup> Century*. Charlotte, NC: Coalition of Prison Evangelists (COPE), 1998.

Benson . *Timeless Healing*.

Boehnlein . *Psychiatry and Religion*.

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**Appendix B. Application Form, Military (10 pages)**

**International Fellowship of Bible Churches  
Chaplain Initiatives**

**APPLICATION**

**FOR ECCLESIASTICAL REGISTRATION / ENDORSEMENT**

(military)

Revised 170522

**Use this form when applying  
to serve as a chaplain with:**

Military, any branch  
Military Reserve, any branch  
Civil Air Patrol



**A. ENCLOSE (the application, together with everything below may be scanned and emailed to [<CDI's email address>](#). Exception: Items 3 & 7 must be received through regular mail.)**

1. A Life Sketch including your motivation for wanting to serve in the position for which you are seeking registration/endorsement. (**A minimum of two and no more than five pages**)
2. A statement of your understanding of ministry. Discuss your understanding from the biblical, theological, historical, and social perspectives with particular reference to the expression of ministry for which you seek registration/endorsement. How do you understand your call to the ministry as it is lived out in the setting for which you seek endorsement? (**A minimum of two and no more than five pages**)
3. If you attended, request your college, seminary/graduate and/or postgraduate institutions to send certified transcripts to: **Director of Chaplain Initiatives  
International Fellowship of Bible Churches  
P.O. Box 5555  
Ft. Oglethorpe, GA 30742**
4. Send any quarterly Clinical Pastoral Education (CPE) evaluations if applicable.
5. Certifications of any CPE units.
6. Recent digital photo (send by email attachment).
7. A physically signed copy of the Background Authorization Form
8. A copy of any application you have submitted for employment as a chaplain.
9. A copy of any other document(s) you feel might shed some light on your potential for the ministry of chaplain.

NOTE: The application is not considered complete until everything is received from this list and any other requirements noted in the application form.

Initial:



**B. BIOGRAPHICAL INFORMATION:**

1. Name: \_\_\_\_\_ Social Security: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: (office) \_\_\_\_\_  
(home) \_\_\_\_\_  
(cell) \_\_\_\_\_  
(fax) \_\_\_\_\_
4. E-mail: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
6. U.S. citizen?  Yes  No (if "no" please attach explanation of status with documentation)
7. Social Security Number: \_\_\_\_\_
8. Marital status: (check all that apply)  Never married  
 Married  
 Widowed(er)  
 Divorced  
 Separated  
 Remarried
- If you have checked Divorced or Separated please provide documentation as attachment/s.
9. Spouse: Name \_\_\_\_\_  
Birthday \_\_\_\_\_  
Anniversary \_\_\_\_\_
10. Children:
- First  
Full Name \_\_\_\_\_  
Birthday (format: xx/xx/xxxx) \_\_\_\_\_  
Living with you?  Yes  No
- Second  
Full Name \_\_\_\_\_  
Birthday (format: xx/xx/xxxx) \_\_\_\_\_  
Living with you?  Yes  No



Initial:

Third

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fourth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fifth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

If more, list below

11. Education:

a. College

Institutional Name

Location

Degree

Year

b. Graduate

Institutional Name

Location

Degree

Year

c. Postgraduate

Institutional Name

Location

Degree

Year

12. List other educational achievements, honors, awards, publications, etc.

Initial:



**C. ECCLESIASTICAL STATUS (currently):**

1. If attending an IFBC church: Name of local church  
Pastor's name  
Member?  Yes  No

2. If attending an IFBC church: Name of local church  
Address (city/state)  
Pastor's name  
Pastor's phone  
(office)  
(cell)  
Pastor's email  
Member?  Yes  No

3. Ordained?  Yes  No Date ordained:

4. Licensed (if not ordained)?  Yes  No Date Type

5. From which organization do you hold the above credential?  
Name  
City/State of headquarters

5. Pastoral experience in chronological order beginning with the present.  
(Indicate whether student, associate, full-time, etc. with dates and positions)

Initial:



#### D. PERSONAL DATA:

**Note:** No information given in this section guarantees or precludes a successful application, but does reflect areas which we may need to explore together to enhance your prospective ministry.

1. Are you in good health?  Yes  No

2. List any physical conditions for which you are under a physician's care.

3. Have you or your spouse had treatment for mental or emotional illness?  Yes  No  
If "yes", please explain.

3. Do any of your children have special needs?  Yes  No  
If "yes", please explain.

10. List your service in civic and community organizations other than your church.

11. Have you ever been arrested and/or convicted (other than vehicular moving violations)?  
Yes  No   
If "yes", please give the date, nature and outcome of the offense(s).

12. Have you filed for bankruptcy in the past 7 years?  Yes  No  
If "yes", please explain.

13. Previous military service?  Yes  No If "yes", please elaborate.

Inclusive Dates  
Department (Army, Navy, etc)  
Branch  
MOS  
Type of separation  
Date of separation

Initial:





## E. REFERENCES:

1. Pastor  
Title  
Name
  
2. Four other persons familiar with your ministry (include a ministry peer, co-worker, and friend).  
**Before you list their name, you must contact them and get their commitment to received and respond to communication about you.**
  - (1)
    - a. Title
    - b. Name
    - c. Relationship
    - d. Mailing Address
    - e. Phone, cell
    - f. Phone, home
    - g. Phone, office
    - h. Email address
  
  - (2)
    - a. Title
    - b. Name
    - c. Relationship
    - d. Mailing Address
    - e. Phone, cell
    - f. Phone, home
    - g. Phone, office
    - h. Email address
  
  - (3)
    - a. Title
    - b. Name
    - c. Relationship
    - d. Mailing Address
    - e. Phone, cell
    - f. Phone, home
    - g. Phone, office
    - h. Email address
  
  - (4)
    - a. Title
    - b. Name
    - c. Relationship
    - d. Mailing Address
    - e. Phone, cell
    - f. Phone, home
    - g. Phone, office
    - h. Email address



3. C.P.E. Supervisor (if applicable):

- a. Title
- b. Name
- c. Relationship
- d. Mailing Address
- e. Phone, cell
- f. Phone, home
- g. Phone, office
- h. Email address

Initial:



## F. STATEMENT OF UNDERSTANDING

1. I realize the granting of approval/ecclesiastical endorsement is a privilege. In return, I will be consistent in my reporting to and my generous financial support of the IFBC.
2. I recognize and accept the authority of the CIC and the ICC, International Fellowship of Churches, to grant, deny, review, or withdraw ecclesiastical approval/endorsement.
3. I am also responsible to keep Chaplain Initiatives informed in a timely fashion of any changes in my contact information.
4. Submission of an Annual Report to the DCI on the form provided is mandatory.
5. I will be interviewed by the Director of Chaplain Initiatives, either in person or by phone.
6. In addition, I understand that if applying for **full-time** chaplaincy endorsement, I will be interviewed by the Director of Chaplain Initiatives, Chaplain Initiatives Council or their designee representing the ICC.
7. **Correctional Institution only:** I agree to waive my Second Amendment Rights (Bearing of Arms) while in the conduct of my official duties as a chaplain.
8. I will financially support the IFBC's Chaplain Initiatives monthly with an amount that is at least equal to the schedule in Appendix J of the *Chaplaincy Guide* at any given time.
9. Chaplain Initiatives, under the direction of the ICC, has my permission to conduct any background checks it might deem appropriate.
10. I understand that I am amenable to the IFBC for the quantity and quality of my work and the related relationships. Therefore, I understand that annually, or as deemed advisable, the Director of Chaplain Initiatives, or the Director's designee, may contact individuals in authority over me to affirm the scope and quality of my ministry as it relates to my IFBC endorsement and I grant my permission for them to do so.

Affirmation: By signing or typing my name below, I affirm that all information in this application is true to the best of my knowledge, that I have signed or typed my initials on after each section of this application and that I have read and understand the ten items in section D. entitled Statement of Understanding.

Signature:

Date of Signature:



Affirmation: By signing or typing my name below, I affirm that I have read both the ***Handbook For Faith and Practice*** and the ***Chaplaincy Guide*** of the International Fellowship of Bible Churches (IFBC) and, if endorsed as a chaplain, agree to cooperate with the IFBC in living and ministering in a manner consistent with the guidance provided within those documents.

Signature:

Date of Signature:

Please return completed application to:

<Name of CDI  
Director of Chaplain Initiatives  
International Fellowship of Bible Churches  
<CDI's Mailing Address>

or by email to:

<CDI's Email Address>



Appendix C. Application Form, Non-Military (10 pages)

**International Fellowship of Bible Churches  
Chaplain Initiatives**

# **APPLICATION**

## **FOR ECCLESIASTICAL REGISTRATION / ENDORSEMENT**

(non-military)

Revised 170522

**Use this form when applying  
to serve as a chaplain with:**

Campus  
Industrial  
Workplace  
Correctional  
Institution  
Law Enforcement  
Volunteer  
Counseling  
VA  
Fire Department  
Health Care, including  
EMT  
Hospice  
Hospital  
Nursing Home  
Retirement  
Assisted Living  
Home Health



**B. ENCLOSE (the application, together with everything below may be scanned and emailed to [<CDI's email address>](#). Exception: Items 3 & 7 must be received through regular mail.)**

14. A Life Sketch including your motivation for wanting to serve in the position for which you are seeking registration/endorsement. **(A minimum of two and no more than five pages)**
15. A statement of your understanding of ministry. Discuss your understanding from the biblical, theological, historical, and social perspectives with particular reference to the expression of ministry for which you seek registration/endorsement. How do you understand your call to the ministry as it is lived out in the setting for which you seek endorsement? **(A minimum of two and no more than five pages)**
16. If you attended, request your college, seminary/graduate and/or postgraduate institutions to send certified transcripts to: **Director of Chaplain Initiatives  
International Fellowship of Bible Churches  
<CDI's Address>**
17. Send any quarterly Clinical Pastoral Education (CPE) evaluations if applicable.
18. Certifications of any CPE units.
19. Recent digital photo (send by email attachment).
20. A physically signed copy of the Background Authorization Form
21. A copy of any application you have submitted for employment as a chaplain.
22. A copy of any other document(s) you feel might shed some light on your potential for the ministry of chaplain.

NOTE: The application is not considered complete until everything is received from this list and any other requirements noted in the application form.

Initial:



**B. BIOGRAPHICAL INFORMATION:**

13. Name: Social Security:

14. Address:

15. Phone:        (office)  
                      (home)  
                      (cell)  
                      (fax)

16. E-mail:

17. Date of birth: Place of birth:

18. U.S. citizen?    Yes         No (if "no" please attach explanation of status with documentation)

19. Social Security Number:

20. Marital status: (check all that apply)    Never married  
    Married  
    Widowed(er)  
    Divorced  
    Separated  
    Remarried

If you have checked Divorced or Separated please provide documentation as attachment/s.

21. Spouse:        Name  
                         Birthday  
                         Anniversary

22. Children:

First  
Full Name  
Birthday (format: xx/xx/xxxx)  
Living with you?    Yes         No

Second  
Full Name  
Birthday (format: xx/xx/xxxx)  
Living with you?    Yes         No



Initial:

Third

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fourth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

Fifth

Full Name

Birthday (format: xx/xx/xxxx)

Living with you?  Yes  No

If more, list below

23. Education:

a. College

Institutional Name

Location

Degree

Year

b. Graduate

Institutional Name

Location

Degree

Year

c. Postgraduate

Institutional Name

Location

Degree

Year

24. List other educational achievements, honors, awards, publications, etc.

Initial:





**C. ECCLESIASTICAL STATUS (currently):**

1. If attending an IFBC church: Name of local church  
Pastor's name  
Member?  Yes  No

2. If attending an IFBC church: Name of local church  
Address (city/state)  
Pastor's name  
Pastor's phone  
(office)  
(cell)  
Pastor's email  
Member?  Yes  No

3. Ordained?  Yes  No Date ordained:

4. Licensed (if not ordained)?  Yes  No Date Type

5. From which organization do you hold the above credential?  
Name  
City/State of headquarters

5. Pastoral experience in chronological order beginning with the present.  
(Indicate whether student, associate, full-time, etc. with dates and positions)

Initial:



#### D. PERSONAL DATA:

**Note:** No information given in this section guarantees or precludes a successful application, but does reflect areas which we may need to explore together to enhance your prospective ministry.

1. Are you in good health?  Yes  No

2. List any physical conditions for which you are under a physician's care.

3. Have you or your spouse had treatment for mental or emotional illness?  Yes  No  
If "yes", please explain.

3. Do any of your children have special needs?  Yes  No  
If "yes", please explain.

23. List your service in civic and community organizations other than your church.

24. Have you ever been arrested and/or convicted (other than vehicular moving violations)?  
Yes  No   
If "yes", please give the date, nature and outcome of the offense(s).

25. Have you filed for bankruptcy in the past 7 years?  Yes  No  
If "yes", please explain.

26. Previous military service?  Yes  No If "yes", please elaborate.

Inclusive Dates  
Department (Army, Navy, etc)  
Branch  
MOS  
Type of separation  
Date of separation

Initial:



## E. REFERENCES:

4. Pastor
  - Title
  - Name
  
5. Four other persons familiar with your ministry (include a ministry peer, co-worker, and friend).  
**Before you list their name, you must contact them and get their commitment to received and respond to communication about you.**
  - (1)
    - i. Title
    - j. Name
    - k. Relationship
    - l. Mailing Address
    - m. Phone, cell
    - n. Phone, home
    - o. Phone, office
    - p. Email address
  
  - (2)
    - i. Title
    - j. Name
    - k. Relationship
    - l. Mailing Address
    - m. Phone, cell
    - n. Phone, home
    - o. Phone, office
    - p. Email address
  
  - (3)
    - i. Title
    - j. Name
    - k. Relationship
    - l. Mailing Address
    - m. Phone, cell
    - n. Phone, home
    - o. Phone, office
    - p. Email address
  
  - (4)
    - i. Title
    - j. Name
    - k. Relationship
    - l. Mailing Address
    - m. Phone, cell
    - n. Phone, home
    - o. Phone, office
    - p. Email address



6. C.P.E. Supervisor (if applicable):

- i. Title
- j. Name
- k. Relationship
- l. Mailing Address
- m. Phone, cell
- n. Phone, home
- o. Phone, office
- p. Email address

Initial:



## F. STATEMENT OF UNDERSTANDING

1. I realize the granting of approval/ecclesiastical endorsement is a privilege. In return, I will be consistent in my reporting to and my generous financial support of the IFBC.
2. I recognize and accept the authority of the CIC and the ICC, International Fellowship of Churches, to grant, deny, review, or withdraw ecclesiastical approval/endorsement.
3. I am also responsible to keep Chaplain Initiatives informed in a timely fashion of any changes in my contact information.
4. Submission of an Annual Report to the DCI on the form provided is mandatory.
5. I will be interviewed by the Director of Chaplain Initiatives, either in person or by phone.
6. In addition, I understand that if applying for **full-time** chaplaincy endorsement, I will be interviewed by the Director of Chaplain Initiatives, Chaplain Initiatives Council or their designee representing the ICC.
7. **Correctional Institution only:** I agree to waive my Second Amendment Rights (Bearing of Arms) while in the conduct of my official duties as a chaplain.
8. I will financially support the IFBC's Chaplain Initiatives monthly with an amount that is at least equal to the schedule in Appendix J of the *Chaplaincy Guide* at any given time.
9. Chaplain Initiatives, under the direction of the ICC, has my permission to conduct any background checks it might deem appropriate.
10. I understand that I am amenable to the IFBC for the quantity and quality of my work and the related relationships. Therefore, I understand that annually, or as deemed advisable, the Director of Chaplain Initiatives, or the Director's designee, may contact individuals in authority over me to affirm the scope and quality of my ministry as it relates to my IFBC endorsement and I grant my permission for them to do so.

Affirmation: By signing or typing my name below, I affirm that all information in this application is true to the best of my knowledge, that I have signed or typed my initials on after each section of this application and that I have read and understand the ten items in section D. entitled Statement of Understanding.

Signature:

Date of Signature:



Affirmation: By signing or typing my name below, I affirm that I have read both the ***Handbook For Faith and Practice*** and the ***Chaplaincy Guide*** of the International Fellowship of Bible Churches (IFBC) and, if endorsed as a chaplain, agree to cooperate with the IFBC in living and ministering in a manner consistent with the guidance provided within those documents.

Signature:

Date of Signature:

Please return completed application to:

<Name of CDI>  
Director of Chaplain Initiatives  
International Fellowship of Bible Churches  
<CDI's address>

or by email to:

<CDI's email address>



## Appendix D. Endorser Checklist



## Appendix E. Chaplain Activity Report Form





## Appendix E. Chaplain Support For Chaplain Initiatives

### MONTHLY IFBC SUPPORT GUIDE FOR ENDORSED or CERTIFIED CHAPLAINS

Each *credentialed* chaplain is expected to support Chaplain Initiatives monthly with 5% of his or her personal total monthly revenue from all sources. In terms of tithe, this represents a half-tithe.

The exception is military on active duty. Each military chaplain on active duty is expected to support Chaplain Initiatives monthly with 10% of their pay. Half of that is waived if he or she will verify that they routinely send at least 5% of their pay to a local church.

Revision adopted 10.11.13



## **Appendix F. Background Check Authorization Form (3 pages)**

### **DISCLOSURE REGARDING CONSUMER REPORTS**

INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES  
P.O. BOX 1222, BETHANY, OK 73008  
405.948.9399

#### **The INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES (IFBC) Will Obtain a Background Check**

You acknowledge and understand that in connection with your application for credentials and/or endorsement with the IFBC or when deciding whether to modify or continue your ongoing involvement, we may obtain a “consumer report” and/or an “investigative consumer report” on you from Trak-1, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law.

#### **Consumer Report Defined**

A consumer report is any communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, legal or criminal involvement, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for involvement. A common term for a consumer report is a “background check report.”

#### **Investigative Consumer Report Defined**

An investigative consumer report is obtained through perusing of available data bases, personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. An investigative consumer report might include, for example, calls to the personal references you provide or conversations with former supervisors or colleagues where you worked.

#### **Reports May Contain**

The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, civil cases in which you have been involved, driving history records, current motor vehicle insurance coverage information, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and others.

You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness, drug testing, or other medical records and medical information may be obtained only after a tentative offer of an official relationship with IFBC has been made.

#### **Your Rights as a Consumer**

You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the above investigative background report and/or a complete copy of your consumer report contained in Trak-1’s files on you at the time of your request by providing proper identification.

You are further notified that, prior to being denied an official relationship with IFBC based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Correspondence to Trak-1 should be forwarded to:

Trak-1 | Consumer Relations | 7131 Riverside Parkway | Tulsa, Oklahoma 74136  
800-600-8999 | CustomerCare@trak-1.com



## AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required for the INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES to obtain a complete consumer report:

Full Legal Name : \_\_\_\_\_  
(First Name, Full Middle Name, Last Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender\*: M / F Race\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other or Former Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) \_\_\_\_\_

### Your signature below indicates the following:

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to the INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES any records or information referenced in the provided disclosure statement for employment related purposes;
- 2) You authorize the INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES ongoing procurement of any records or information, reports and records at any time during your employment to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish the INTERNATIONAL FELLOWSHIP OF BIBLE CHURCHES and/or Trak-1 with any and all background information in their possession regarding you for these stated employment purposes;
- 5) You understand and agree that in connection with your employment your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in your application process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* This information will be used for background screening purposes only.

**Check this box if you are a Minnesota, Oklahoma, or California applicant**, and you would like to receive a copy of your consumer report, if one is obtained. For **California** applicants only: a copy of your report will be sent to you by the above-referenced organization within three business days beginning on the date of receipt by the organization. For **Minnesota** applicants only: the consumer reporting agency shall furnish a copy of your consumer report within twenty-four hours of providing it to the above-referenced organization. For **Oklahoma** applicants only: the consumer reporting agency shall furnish a copy of your consumer report.

**CALIFORNIA APPLICANTS:** Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by Trak-1 during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone upon production of adequate identification. Trak-1 is required to have trained personnel available to explain your file to you and any coded information contained therein. You may appear in person alone, or with another person of your choice, provided that this additional person furnishes proper identification.

California Civil Code section 1786.16(2) requires a separate disclosure and authorization to be signed by an applicant or current employee each time a background check is performed for employment purposes. This requirement does not apply in situations where the employer has a suspicion of wrongdoing or misconduct by a current employee.

**MAINE APPLICANTS:** Pursuant to Maine state law, § 1317(2), Trak-1 is required to reinvestigate any consumer dispute made by a consumer residing in the state of Maine within 21 calendar days of notification of the dispute by the consumer



**If you have lived in your current state of residence for LESS THAN 2 YEARS, please fill in the following, beginning with the most recent STATE you lived in before your current location:**

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Last Name during this time:** \_\_\_\_\_