



Pell City Police Department
POLICE CHAPLIAN APPLICATION

Name (Last, First, MI): _____

Address: _____

Home Phone: _____ Business: _____

Cell/Pager: _____ E-mail: _____

Race: _____ Sex: _____ DOB: _____ SSN: _____

Emergency Contact Info: _____

Church Affiliation: _____

Position Currently Held: _____

Religious Certification (license, ordination, etc – copies to be provided): _____

High School Graduate or Equivalent: Yes No

College/University Attended: _____

Degree(s) Earned: _____

Military Service: Yes No Branch: _____ Rank: _____

Date Entered: _____ Date Discharge: _____

Type of Discharge: _____

Do you have at least two years experience in the ministry? Yes No

Describe Your Experience: _____

Do you have previous police chaplain experience? Yes No

If yes, when and where? _____