



**COLORADO SPRINGS POLICE DEPARTMENT  
CHAPLAINCY CORPS  
P.O. BOX 2169  
COLORADO SPRINGS, CO 80901**

**APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_  
(Include Ecclesiastical Title)

STREET ADDRESS \_\_\_\_\_  
STREET CITY ZIP

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ORDAINED DENOMINATION \_\_\_\_\_  
DATE \_\_\_\_\_

NAME OF CURRENT CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_  
STREET CITY ZIP

NAME/ADDRESS OF EMPLOYER (IF NOT THE CHURCH) \_\_\_\_\_

Is the religious organization by which you are employed supporting your request for acceptance in the Colorado Springs Police Department Chaplaincy Corps? [ ] Yes [ ] No

To whom are you accountable (judicatory supervisor)? \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

CHILDREN'S NAMES/AGES \_\_\_\_\_

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EMPLOYMENT HISTORY:

EMPLOYER	ADDRESS	TO/FROM DATES
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

If available, attach your resume. Use the back of this form if additional space is needed.  
EDUCATIONAL BACKGROUND:

COLLEGE _____	DEGREE _____
—	
SEMINARY _____	DEGREE _____
—	
GRADUATE SCHOOLS _____	DEGREE _____
—	
_____	DEGREE _____
—	

List special field of study and/or experiences you have had in dealing with family or individual problems, needs, or crises:

Do you speak a foreign language? [ ] Yes [ ] No

If yes, what language? \_\_\_\_\_

Have you previously been a police chaplain? [ ] Yes [ ] No

If yes, please indicate where and when.

List any medical limitations that could affect the performance of your duties as a police chaplain.

Explain why you would like to be a police chaplain with the Colorado Springs Police Department.

Are you willing to serve one 24-hr. day per month?  Yes  No  
Are you willing to take part in the half-day orientation session?  Yes  No  
Will you commit to attend regularly the Chaplain's monthly meetings and scheduled in-service training sessions?  Yes  No

**REFERENCES:**

List three references (personal and/or professional): Give name, address, phone and years known.

1.

2.

3.

It is a normal part of Colorado Springs Police Department procedure to perform checks (record and reference) on the suitability of new personnel due to the nature and sensitivity of the work. This standard is equally applicable to volunteers in that voluntary staff is treated with the same seriousness and consideration given professionals. Also, the successful completion of a polygraph examination is a qualification to work in certain units or program of the Department.

Are you willing to take a polygraph examination?  Yes  No

If accepted, I agree to adhere to the rules and regulations of the Colorado Springs Police Department and the City of Colorado Springs which include the confidentiality of information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you learn about the Colorado Springs Police Department's Chaplains program?

- From a friend
- Newspaper article
- A CSPD Chaplain
- Church
- Other \_\_\_\_\_

\\CHAPLAINVAPPLICA

11/19/01