



**ILLINOIS FRATERNAL ORDER OF POLICE**  
 4341 Acer Grove, Suite B • Springfield, IL 62711  
 217-726-8880 • Fax: 217-726-8881 • www.ilfop.org

### Associate Chaplain Application

*The application should be typewritten or neatly printed in black ink. Please attach a copy of your ordination papers and any other certifications in ministry or chaplaincy.*

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Social Security No.</b>		<b>Date of Birth</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>E-mail Address:</b>		
<b>Occupation</b>		
<b>Business Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Education</b> (Circle Highest Level Achieved)		
<b>High School</b>	<b>College</b>	<b>Master's Degree</b>
1 2 3 4	1 2 3 4	Doctorate Degree
<b>Ordained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Denomination</b>		
<b>License Number</b>		
<b>Special Training in Chaplaincy</b>		
<b>Special Interests (Hobbies, Sports, Etc.)</b>		
<b>Foreign Language (speak, read, write)</b>		
<b>Have you resided outside of Illinois in the last 5 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do have a car?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have public liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a conviction, please explain.
Do have any criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on parole or mandatory supervised release? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served as a volunteer with this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relative currently working in law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?
Are you employed by or providing services to this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who, where and why?
Days and hours you are available for service:
<b>List employment history</b>
1.
2.
3.
4.
<b>List Volunteer History</b>
1.
2.
3.
4.

*I attest that all the information provided in this application is true, complete and correct to the best of my knowledge.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_