



PCEJ CHAPLAIN INFORMATION FORM
(Please complete & return by October 26, 2019)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Church Name: _____

Church Address and phone number: _____

Pastor's Name and phone number: _____

Are you currently employed as a professional chaplain? ___Yes ___No

Do you volunteer as a Chaplain? ___Yes ___No

Are you currently in the military? ___Yes ___No Are you a veteran? ___Yes ___No

Branch of military in which you serve(d): _____

Are you interested in becoming a member of the PCEJ Chaplaincy Department? ___Yes ___No

Are you willing to attend an Introductory Meeting? ___Yes ___No

Would you be willing and available to attend periodic meetings? ___Yes ___No

Select One

- Pastor
- Elder
- Chaplain
- Minister
- Deacon
- Brother
- Mother
- Evangelist
- Sister

Your Signature

Date