

Chaplains and Pastoral Counselors REQUEST FOR UPDATE ENDORSEMENT



For any questions or clarification on any of the information being requested below, contact the Chaplaincy and Pastoral Counseling Office at (770) 220-1654 or chaplaincy@cbf.net

Name: _____ **DATE:** _____
Last First M

Preferred Title: Dr. Mr. Ms. Mrs. Rev. Chaplain Other: _____

Residence Address: _____ Phone: _____

Email 1: _____

Business Address: _____ Phone: _____

Email 2: _____

Personal:

Date of Birth: _____ Place of Birth: _____

Are you seeking CBF endorsement to an employing agency or service provider? Yes No

Position 1:

- Business/Industry/University Continuing Care Facility Correctional Hospice
 Hospital Military Pastoral Counselor Public Safety

Name of Agency: _____

Administrator/Director of Employing Agency: _____

Address: _____

Your Immediate Supervisor(s): _____

Your Endorsed Position: _____

VA Chaplains:

- Full-time Part-time Volunteer Full-time Part-time Intermittent
 CPE SES PCT Contract Fee Basis

Return form to:

Cooperative Baptist Fellowship
ATTN: Chaplaincy and Pastoral Counseling
160 Clairemont Ave., Ste. 500 ~Decatur, Ga. 30030
or scan and email to ~ chaplaincy@cbf.net

What Is Your Current CBF Involvement:

(For endorsement, CBF encourages your knowledge of, identification with and membership in CBF. The CBF Constitution defines membership in CBF as [1] membership in a church that financially supports CBF or [2] individual membership by making personal contributions to the CBF.)

Is your church identified with or supportive of CBF? Yes No

If so, how? CBF in budget Individual may designate Other: _____

If church is not identified with or supportive of CBF, are you an individual member of CBF? Yes No

In what ways have you been involved with CBF? (Check all that apply.)

- Contribute regularly
- Attend state CBF meetings
- CBF Scholar
- Attend General Assembly
- Receive national or state CBF newsletters
- Would you be willing to be a part of the CBF Speakers Bureau?
- Other: _____

Is your church dually aligned with another faith group (e.g. – SBC, the Alliance of Baptists, ABC, Progressive, National, etc.)?

Yes No If yes, what group(s)? _____

In making this application, I recognize the Council on Endorsement to be the agency designated to endorse qualified members of the Cooperative Baptist Fellowship as chaplains to military and civilian agencies, as pastoral counselors, and as other ministers in specialized settings, and agree to cooperate with the Council on Endorsement in carrying out its policies and programs, including the timely submission of annual reports. I also recognize that it is the responsibility of the Council on Endorsement of CBF to grant and/or to withdraw endorsement. Therefore, should I prove by temperament, disposition, attitude, conduct or otherwise to be unsuited for endorsement in the opinion of the Council on Endorsement of CBF and should it decide my endorsement should be withdrawn, I agree to abide by its decision.

Signature ***

Date

***** We need an original signature to complete your application process.
If you have electronically filled out your update application, please return by mail or by fax.**

NOTE: All application materials will be confidential.

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