



**CARIBBEAN
ASSOCIATION OF
PROFESSIONAL
CHAPLAINS**

MEMBERSHIP APPLICATION FORM

APPLICATION INSTRUCTIONS

1. Answer all questions. If a question does not apply, insert N/A in the space provided
2. Enclose completed application with membership fee. Cash (US\$) and cheques payable to the Caribbean Association of Professional Chaplains are acceptable.
3. Send your form with fees to CAPC, 47 Old Hope Road, Kingston 5. Email: admin@caribbeanchaplain.org

A. PERSONAL DATA

Passport
Photo

1. **Name:** _____
(Given Name) (Middle) (Last Name)
2. **Title (please tick):** Mr. Ms. Mrs Pastor Rev. Rev. Dr. Rabbi Father
3. **Sex (please tick):** Female Male
4. **Date of Birth (dd/mm/yyyy):** _____
5. **Marital Status (please tick):** Married Single Divorced Widowed

B. EDUCATION

6. **Highest Qualification earned (please tick):**
 Doctoral Masters Bachelors Diploma Other _____
7. **I am a student enrolled at the following institution:** _____

Anticipated date of completion (mth/yr) _____

C. CONTACT INFORMATION

8. Address:

Home: _____ (Street)
_____ (District/ Town)

_____ (Parish)
_____ (Country)

Work: _____

9. Tel. Numbers:

Home: _____ Mobile: _____ Work: _____ Fax: _____

10. Email:

1. _____
2. _____

D. CHAPLAINCY WORK ENVIRONMENT

11. Place of Work:

_____ Address: _____

Tel No.: _____ Fax: _____ Email: _____

12. Please select ONE that best describes your work setting (please tick):

- | | |
|--|---|
| <input type="radio"/> Business/industry | <input type="radio"/> Corrections/Prison |
| <input type="radio"/> Parish/ Congregation | <input type="radio"/> Police |
| <input type="radio"/> Hospital | <input type="radio"/> Fire |
| <input type="radio"/> School/University | <input type="radio"/> EMT |
| <input type="radio"/> Military | <input type="radio"/> Faith Community |
| <input type="radio"/> Mental Health | <input type="radio"/> Place of Safety/Children's Home |
| <input type="radio"/> Sports | <input type="radio"/> NGO/CBO |

13. I am currently involved in Chaplaincy (please tick): Full time Part-Time Volunteer N/A

14. Have you ever been convicted of a crime? (please tick) Yes No

If Yes, give brief description and action taken _____

E. FAITH GROUP ENDORSEMENT

I certify that _____ is a member of
_____ in good standing with the Body and has been set apart
to the Pastoral Ministry of this body.

