EFCA CHAPLAINS MINISTRIES
APPLICATION FOR ECCLESIASTICAL ENDORSEMENT

This application may be used for ecclesiastical endorsement for direct appointment as a chaplain, ecclesiastical approval for the Seminarian programs of the Army, Navy, or Air Force, or to serve as chaplain with other institutions such as the Veterans Affairs, Bureau of Prisons, APC, Community Services, Healthcare organizations, hospitals, etc.

CH (COL) RET Phillip Wright - EFCA Chaplain Endorser
phil.wright@efca.org (612) 250-2072 chaplains@efca.org www.efca.org/chaplains

***Please attach a recent photo of yourself.**

Name: _____ Date: _____

Address: _____

_____

Primary phone: _____ Cell phone: _____

Work phone: _____ SSN: _____

Email (primary) _____ Email 2: _____

(Check All That Are Applicable)

☐ Military ☐ Institutional ☐ Chaplain Candidate
☐ Active ☐ Reserve

☐ Army	☐ Hospital	☐ Corporate
☐ Air Force	☐ Senior housing/healthcare	☐ Correctional / Federal Bureau of Prisons
☐ Army National Guard	☐ Corporate	☐ Community services / police
☐ Air National Guard	☐ Educational	☐ Sports
☐ Navy	☐ Hospice	
☐ Civil air patrol	☐ Veterans Administration	

2. Birth: _____ Place of Birth _____ ☐ Male ☐ Female
(Month/day/year)
Ethnic origin _____

3. Denominational Background _____
(Name of religious body)

Current church attending _____ Location: _____

Is this an EFCA church? ☐ Yes ☐ No Are you a member? ☐ Yes ☐ No

4. ☐ Ordained or ☐ Licensed By whom? _____ Date: _____
(Denomination or local church)

5. Education: Colleges and Seminaries attended. Request transcripts for under-graduate and graduate work be forwarded to Endorser's Office.

Name and Address of School	Dates: From/To	Graduation Date	Degree

(Continued)

6. Marital Status: ☐ Married Date:_____ Name of Spouse _____
☐ Divorced ☐ Single (never married) ☐ Widowed

Children and Names (number) _____

_____

7. Prior Military Service: Branch _____ List Dates of Service _____
Officer _____ Enlisted _____

8. Present Occupation _____ Position _____
Location _____

9. Professional Ministry Experience: (Include years and specific dates of pastoral or professional ministry)

Dates	Ministry and location

10. References: Include one pastoral, one college or seminary professor, and one additional.
Send the attached reference form to the individuals, asking it to be returned to our office address or email.

Name	Email or Address

11. Submit a one to two-page testimony of your conversion, faith journey and calling into ministry/chaplaincy.

12. Enclose a processing fee of $120 (non-refundable) to EFCA Chaplains.

13. I have read the Statement of Faith of the Evangelical Free Church of America, and affirm all statements without mental or theological reservation. ☐ Yes ☐ No

14. Upon acceptance into military active duty or institutional ministry, I will:

- **Secure the necessary EFCA credential and maintain that credential as per EFCA requirements.**
- **Complete annual (semi-annual for military chaplains) reports to the Chaplain Endorser.**
- **Submit annual dues as per the EFCA Chaplain Handbook.**

Signature _____ Date _____

EFCA Chaplain Candidate
RECOMMENDATION AND REFERENCE FORM
(Evangelical pastor, chaplain, instructor, mentor)

Name of Chaplain Candidate applicant: _____

1. For what length of time have you known this applicant?_____
   In what context/capacity have you been acquainted? _____
   _____
   _____

2. On a scale of 1-10 (poor to excellent), how would you rate the over-all competency of the applicant to serve as pastor/chaplain? _____ Please give an example: _____
   _____
   _____

3. What, in your judgement, are the strengths of the applicant as a pastor/chaplain?
   _____
   _____

4. What, in your judgement, are the limitations of the applicant as a pastor/chaplain?
   _____
   _____

5. Based on biblical standards, what evidence is there that this applicant is a Christian?
   _____
   _____

6. In what ways has it been evident to you that this applicant has a call to the Gospel ministry?
   _____
   _____

7. Would you have any reservations about this applicant serving as a pastor/chaplain in either a military or an institutional setting? ☐ Yes ☐ No
   Please explain. _____
   _____
   _____

Name: _____ Position _____
Church/Institution: _____ Date_____
Address: _____

Signature:_____

Mail to: Chaplains Ministries, 901 East 78th Street, Minneapolis, MN 55420
or email to: Chaplains@efca.org

Required documents and forms to complete the application process:

_____ Attach a recent photo of yourself

_____ A check for $120 payable to "EFCA Chaplains" (non-refundable).

Seminarians who pay this fee and meet all other requirements will receive an Ecclesiastical Approval or Endorsement upon Active/Reserve Duty assignment without additional fees. At the time an endorsement is needed please email the Chaplain Endorser (Chaplains@efca.org) with the name and address (email) where the endorsement is to be sent.

Annual dues will be expected after one has been commissioned into the military one year from the date of commissioning.

_____ Personal testimony and faith journey (1-2 pages, typed).

_____ College and seminary transcripts (can be mailed under separate cover)

_____ Reference forms (3 total). The candidate will send the form to the people listed in question 10. Suggested references include an evangelical pastor, chaplain, instructor, or mentor.

Send the completed original along with the required documentation to:

EFCA Chaplain Ministries,
901 East 78th Street,
Minneapolis, MN 55420

or PDF to chaplains@efca.org

For questions regarding the application process, contact Chaplain Wright (Phil.Wright@efca.org)

Please retain a copy of your application for your files.