

**APPLICATION FORM  
FOR  
MILITARY CHAPLAINCY SERVICE**

**WITH**

**CALVARY BAPTIST CHURCH  
ALL POINTS BAPTIST MISSION**

Attach a recent photograph of you and your family in  
this space.

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Applicants

**CONFIDENTIAL**

**PERSONAL INFORMATION:**

1. Name:

2. Current Address:

Number of Years \_\_\_\_\_

3. Previous Address:

Number of Years \_\_\_\_\_

4. Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

7. Have you or your wife ever been previously married?

8. Wife's name:

9. Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

11. Wedding Anniversary: \_\_\_\_/\_\_\_\_/\_\_\_\_

12. Children's names, ages, birthdates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What country are you a citizen of?

14. Do you hold citizenship in any other countries?

15. As a citizen do you exercise your voting privileges?

16. What are your convictions about personal debt?

17. Will you be able to resolve all personal debt before beginning your chaplaincy work?

18. Give three credit references complete with addresses and telephone numbers who can vouch for your financial accountability.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Where do you tithe?

20. Where will you tithe during your chaplaincy work?

21. Give a brief resume' of your employment history over the past five years, ending with your current employer. \_\_\_\_\_  
\_\_\_\_\_
22. Have you or your wife ever been in jail? \_\_\_\_\_
23. Do you or your wife have any criminal record? \_\_\_\_\_ if so, please explain.

**PERSONAL REFERENCES:**

24. In addition to your own pastor (of your sending church), give a reference of two other independent Baptist preachers who would be willing to recommend you for endorsement as a Chaplain.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
25. Give us the name of two professional references, someone you have worked for or know personally.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**CHURCH INFORMATION:**

26. Church Name: \_\_\_\_\_
27. Address: \_\_\_\_\_  
\_\_\_\_\_
28. Pastor's Name: \_\_\_\_\_
29. Pastor's phone number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_
30. Will this be your sending church? \_\_\_\_\_

**EDUCATIONAL INFORMTION:**

31. College:

Name:

Degree:

Dates Attended:

Name:

Degree:

Dates Attended:

32. Seminary or Other Colleges

Name:

Degree:

Dates Attended

Name:

Degree:

Dates Attended

33. Other Recognition: (Professional Training or Certificates Received)

**MILITARY INFORMATION:**

34. Are you active duty now? \_\_\_\_\_ Branch of Military: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

35. If you are not active duty, are you in a reserve unit? \_\_\_\_\_

If so; give us name and contact information:

36. If you have been discharged, when and how?

37. Were you stationed overseas, where and for how long?

38. If you are not active duty or in the reserves, what branch do you plan on enlisting into and when?

39. Do you speak any language other than English?

## **Spiritual Information:**

40. Write a short testimony of your salvation.

41. Have your wife write a short testimony of her salvation.

42. Write a short testimony about your call to preach.

43. Write a short testimony about your call to the Chaplaincy.

44. Are you ordained?

Name of church?

Date:

45. Are you a soul winner?

46. When was the last time you led a soul to Christ?

47. Write a brief resume of any ministry related work experience and attach.

48. Do people ever get saved when you preach?

49. Has anyone ever been called to preach under your ministry?

50. Is your wife in full support of your ministry?

- A. Does she clearly understand life in the military?
  
- B. What is her philosophy regarding her home and the ministry?
  
- C. Is she a witness for Christ?

51. What is your philosophy of chaplaincy work?

- A. As a chaplain what do you feel you are called to accomplish?
  
- B. How will you know if you are fulfilling Christ's mandate for your ministry? (How will you gauge success?)

**DOCTRINAL INFORMATION:**

52. Attach your complete Doctrinal Statement (the more complete the better).

53. State your position on the KJV issue.

54. State your position on Contemporary Christian Music.

55. State your position on Neo-evangelicalism.

56. State your position on Neo-orthodoxy.

57. What is your position as to the Charismatic movement?

58. What do you believe about divorce?

59. What belief do you hold about remarriage after divorce?

60. What do you believe about ecclesiastical separation?

61. What are your convictions (if any) about cross cultural dating and/or marriage?

62. What are your views about personal separation?

A. Do you or any of your immediate family members participate in any of the following activities?

Dancing \_\_\_\_\_, Movies \_\_\_\_\_, Mixed Bathing \_\_\_\_\_, Smoking \_\_\_\_\_,  
Drinking \_\_\_\_\_, Drugs \_\_\_\_\_, and Questionable Television \_\_\_\_\_.

B. Do you or any of your immediate family listen to rock music?

C. What type of music do you listen to?

D. What is your conviction as to modest dress?

E. What do you do about involvement in an activity that might possibly bring dishonor to the Lord?

63. What are your spiritual gifts/talents that can be used in the work of the Lord?

64. If approved as a Chaplain by Calvary Baptist Church/All Points Baptist Mission, you and your family will be required to attend a yearly Affirmation and Refreshment Chaplaincy Meeting for current and prospective APBM chaplains.

I have honestly answered these questions to the best of my knowledge. If I am accepted by All Points Baptist Mission and should change my belief regarding any of the above items I will promptly notify APBM.

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Signature (husband)

Signature (wife)

Date \_\_\_\_\_

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Notes: If you do not understand a question, please ask us for clarification.

Please feel free to add extra pages for lengthy answers as you feel are necessary.

Given the personal nature of some of the above questions this application will be kept confidential.

Mail this completed application to:

Dr. Robbie Morrison

% All Points Baptist Mission

P. O Box 498

New Philadelphia, OH 44663