® International Conference of Police Chaplains

"Serving All Law Enforcement Chaplains"

MEMBERSHIP APPLICATION

(Please print or type)

NAME:_____

ADDRESS:_____

CITY:_____STATE:_____COUNTY_____ZIP:_____

COUNTRY:_____

LAST 4 DIGITS OF SSN:_____ D.O.B. _____ GENDER: M____ F____

DRIVER'S LICENSE #_____ STATE:_____
☐ **Copy of Driver's License-Attached**

TELEPHONE: (   )_____ Primary   (Circle) WK HM CELL

           (   )_____ Secondary (Circle) WK HM CELL

EMAIL:_____
(Please Print)

RELIGIOUS AFFILIATION:_____
☐ **Letter of ecclesiastical endorsement by superior-Attached**

DEPARTMENT SERVED:_____

DEPARTMENT TELEPHONE: _____

CHIEF/SHERIFF:_____

ADDRESS:_____

CITY:_____STATE:_____COUNTY_____ZIP:_____

DATE OF APPOINTMENT:_____
☐ **Letter of appointment/endorsement by department-Attached**
DEPARTMENT SIZE: SWORN:_____   CIVILIAN:_____

Have you ever been convicted of a felony offense or do you currently have a felony charge pending in any state or country?   YES____   NO____   If yes, explain:_____
_____
_____
_____

* The ICPC requires the applicant to submit verification that a criminal background check (criminal history) has been completed.

TYPE OF CHAPLAINCY: ☐ FULL-TIME (salaried)
                                       ☐ PART-TIME (paid)
                                       ☐ VOLUNTEER

STATUS:

                                       ☐ ORDAINED (year:_____)
                                       ☐ LICENSED (year:_____)
                                       ☐ LIAISON OFFICER(Date Appointed:_____)
                                       ☐ OTHER (explain):_____

YEARS IN PASTORAL MINISTRY: _____
YEARS IN LAW ENFORCEMENT CHAPLAINCY:_____

EDUCATION: HIGH SCHOOL:_____
                   COLLEGE:_____ DEGREE:_____
                   SEMINARY:_____ DEGREE:_____
                   GRADUATE:_____ DEGREE:_____

EMPLOYER:_____

ADDRESS:_____

CITY:_____STATE:_____COUNTY_____ZIP:_____

SPOUSE'S NAME (if applicable):_____

I attest that I have read and will adhere to the ICPC's Cannon of Ethics as outlined on the ICPC website, www.icpc4cops.org. Further, I understand that misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination of membership in the ICPC.

SIGNATURE:_____ DATE:_____

PRINT:_____

**Membership will NOT be processed unless the following items are included with this application:
                    ☐ **Verification of criminal background check attached**
                    ☐ Annual membership dues $125.00/yr. US Funds (**NO CASH PAYMENTS**)