CHAPLAIN'S ASSISTANT INITIAL APPLICATION PACKET FORM 104 Page 1 of 3

Dear Applicant:

Thank you for your interest in serving as a Chaplain's Assistant. This application packet consists of 3 pages.

Application process:

- 1. Get the approval of your branch church/society governing board on page 3 of this form
- 2. Complete page 2 of this form
- 3. Make sure that your application interview is on your Local Committee's agenda
- 4. Attend your Local Committee interview. Take the entire application with you
- 5. The Local Committee retains your application and either approves or does not approve your appointment. The State Committee is not involved in Chaplain's Assistant appointments 6. If approved, the Local Committee notifies the State Committee for their records

IMPORTANT

Your application cannot be approved by the Local Committee if there are blanks in the application or signatures are missing!

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Branch church/society nomination on page 3 completed
Page 2 completed
Page 3 completed by Local Committee
Local Committee chair signature

CHAPLAIN'S ASSISTANT INITIAL APPLICATION FORM 104

Page 2 of 3

Please type or print:			
Name:			
Address:			
Zip Code:	Date		
Phone:	E-mail		
Occupation:			
Name of Local Committee:			
How long have you been a student	of Christian Science?		

Date you were admitted to membership in The Mother Church					
Branch church membershipDate admitted:					
Do you regularly attend both Sunday services and Wednesday meetings?					
Why a	re you in	iterested in this work?:			
Yes	No	1. Are you comfortable with the Institution in which you serve conducting a background			
		check if this is their policy?			
Yes		No 2. If you have ever been convicted of a crime other than a minor violation, do you understand that it may be necessary to obtain a special waiver and approval under the rules governing work in California State correctional institutions?			
Yes	No	3. Do you have any previous experience as a Chaplain's Assistant or Chaplain? If so, pleadescribe:	se		
		'S ASSISTANT INITIAL APPLICATION FORM 104 (continued)			
Page 3	3 of 3				
Name	of Appli	icant			
To Be	Comple	ted By the Governing Board of Applicant's Branch Church/Society:			
The go	verning	Board of			
hereby	nominat	tes (applicant) to			
be app	ointed as	tes (applicant)to s a Chaplain's Assistant, and confirms that he/she is a member in good standing.			
Signati	ıra	Data			

Print n		rosition

Intervie	ew date _	
Yes	No	1. Does the applicant understand the importance of cooperating with the institutional authorities and maintaining harmony in this work?
Yes	No	2. Has the applicant read "Our Institutional Procedures" as found on lightinprison.org?
Yes	No	3. Will the applicant abide by "Our Institutional Procedures" as found on lightinprison.org and other directions given by the Chaplains they may be assisting, Local Committee, and State Committee?
Yes *****	No *****	4. Does the committee feel that the applicant will appropriately represent Christian Science in the institutions? ***********************************
	 	Local Committee (circle one) approves does not approve
(applicant name)		for appointment as a Chaplain's Assistant.
Chair s	s <mark>ignature</mark>	Date
Liaisor	ı sionatın	Date

IF APPROVED, PLEASE NOTIFY:

Christian Science Committee on Institutional Work in California PO Box 696, Morgan Hill, CA 95038 cs.state.co@gmail.com