

CORRESPONDING CHAPLAIN INITIAL APPLICATION PACKET FORM 102CC

Page 1 of 5

Dear Applicant:

Thank you for your interest in serving as a chaplain. This application packet consists of 5 pages.

Application process:

1. Get the approval of your branch church/society governing board on page 4 of this form
2. Complete pages 2 and 3 of this form
3. Join your Local Committee. Give the entire application to the Local Committee secretary or chair
4. Make sure that your application interview is on your Local Committee's agenda
5. Attend your Local Committee interview
6. Sign the Chaplain Statement at bottom of page 5
7. Have the State Committee Liaison sign and date the application
8. The Local Committee forwards the application to the State Committee Executive Secretary

IMPORTANT

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

Checklist:

- ☐ Branch church/society nomination on page 4 completed
- ☐ Pages 2 and 3 completed by applicant
- ☐ Pages 4 and 5 completed by Local Committee
- ☐ Statement of Chaplain/Applicant on page 5 is signed and dated on the day of the interview by applicant
- ☐ Local Committee chair signature
- ☐ Liaison signature

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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 membership _____ Date admitted: _____

Do you regularly attend both Sunday services and Wednesday meetings? _____

Please list the scope of your branch church activities: _____

Name of Primary Class teacher _____

Note: Applicant must be the student of a loyal teacher to qualify to be a chaplain.

Are you listed as a practitioner in *The Christian Science Journal*? _____

What experiences have you had, such as healing work for yourself or others, requests for treatment, previous institutional work, etc., that have prepared you for this position? _____

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Name of Applicant _____

- Yes No 1. Do you understand that even if you are only corresponding with inmates, that your contacts are regulated by law and by the the rules of the government agencies. You will still be subject to the authority of the officials of the institution, and that you would be expected to comply?
- Yes No 2. Have you read “Our Institutional Procedures”as found on lightinprison.org?
- Yes No 3. If appointed, will you abide by the “Procedures” guidelines?
- Yes No 4. Do you understand and accept the supporting, supervisory and training roles of the Local Committee and State Committee in regards to the chaplaincy?
- Yes No 5. Do you understand that the appointment is revocable.
- Yes No 6. One of the qualifications for re-appointment is that the Chaplain attend annually an online workshop provided by the State Committee, when one is offered. Will you agree to this?
- Yes No 7. Do you support The Mother Church?
- Yes No 8. Do you agree to abide by *The Manual of The Mother Church* by Mary Baker Eddy?.
- Yes No 9. Do you support The Christian Science Board of Directors?
- Yes No 10. Will you agree to not disclose your last name and use the State Committee address in all correspondence and send copies of all correspondence to the State Committee office.

If you wish, please give a brief statement of any additional information which you feel would be helpful in considering your application. Please feel free to attach another page.

Signature of applicant _____ Date _____

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Name of Applicant _____

To Be Completed By the Governing Board of Applicant’s Branch Church/Society:

The governing Board of _____

hereby nominates (applicant) _____
to be appointed as a Chaplain, and confirms that he/she is a member in good standing.

Signature _____ Date _____

Print name _____ Position _____

To Be Completed By the Local Committee:

Interview date _____ Date Local Committee orientation completed _____

- | | | |
|-----|----|--|
| Yes | No | 1. Does the applicant agree to attend a workshop, if offered, in the next year? |
| Yes | No | 2. Does the applicant know how to give an effective Christian Science treatment? |
| Yes | No | 3. Is he/she able to express this understanding with clarity as well as compassion in written form, in order to explain Christian Science to a newcomer? |
| Yes | No | 5. Has the applicant read "Our Institutional Procedures" as found on lightinprison.org ? |
| Yes | No | 6. Will he/she abide by "Our Institutional Procedures" as found on lightinprison.org and other directions given by the State Committee? |
| Yes | No | 7. Does the Local Committee feel that the applicant will appropriately represent Christian Science in correspondence? |
| Yes | No | 8. Has applicant ever served as a Chaplain's Assistant? |

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Name of Applicant _____

Interview date _____

Local Committee's evaluation of the applicant, and comments:

Comments and recommendation by State Committee liaison attending Local Committee interview:

STATEMENT OF **CHAPLAIN APPLICANT:** To the best of my knowledge, without any reservations, there is nothing in my activities of any nature that will bring into disrepute, or adversely affect the Cause of Christian Science. I understand and will abide by State and Local Committee instructions.

Signed: _____ Date _____

_____ Local Committee, (circle one) **approves** **does not approve**

(applicant name) _____ for appointment as a chaplain.

Chair signature _____ **Date** _____

Liaison signature _____ **Date** _____

PLEASE FORWARD TO:

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