

*Church/Denomination Letterhead  
Address  
City, ST Zip  
Phone Number  
Fax Number*

Date: **Month/Date/Year**

To: MOFM  
PO Box 60215  
Las Vegas, Nevada 89160  
702-401-7149  
www.chaplaincynevada.org  
**Email Signed Letter to:** chaplainvictorya@gmail.com

RE: **Chaplaincy Applicant's Name**

## **LETTER OF RECOMMEDATION**

Hello,

**Chaplain Ordination Applicant** is a member in good standing with **Applicants Church** and **I Church Representative** recommend him/her to join Chaplaincy of Nevada as an Ordained Chaplain. She/he will be spiritually supported by **Applicants Church**.

The basis for my recommendation for **Chaplaincy Applicant** to be an Ordained Chaplain is: **Place your reasoning here.**

**Special Note to the Church Representative:**

*The advantages of having your members go through our chaplaincy-training course are limitless. They will be equipped and positioned to provide spiritual care to persons of any religious tradition—or no particular tradition—because they will be able to address a broad range of emotional and spiritual needs of persons in their care.*

*This in itself gives your church an opportunity and advantage in making a worldwide impact on society through specialized chaplaincy training. Chaplaincy is a very unique ministry in the business world, health care institutions, correctional facilities, law enforcement agencies, peer to peer, and the military services. Training will be in the various areas, that benefits the community through: Being a Ministry of Presence, Counseling, Emergency Services, Religious Services, Wedding / Funerals, and Specialized Training/Services.*

**MOFM Religious Academy**

Sincerely,

**YOU MUST HAVE A SIGNATURE INSERTED HERE**

**Full Name of Pastor/Deacon/Elder/Bishop/Board/Denomination  
Church Address  
Contact Number  
Email Address**