

Messages of Faith Ministry
Chaplaincy Division
P.O. Box 60215
Las Vegas Nevada 89160-1215
702-401-7149 F: 547-9473
NV. State Inc., Non-Profit 501©3
Email messagesoffaith@juno.com
www.chaplaincynevada.org



NEW CLASS STARTS NOVEMBER
24 Hrs. 6 hrs per day Nov 5/6-12/13 2011
No-Fee - Sat. & Sun. Training Only
BECOME A CHAPLAIN TODAY!
Lay Chaplain & Ordained Chaplain Training



APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone (____) _____ Fax: _____

E-mail Address: _____

Web site _____

Date of Birth: _____ Age: _____ Gender: _____

High School Graduate: [] Yes [] No (Must be at least 18 yrs.)

Marital Status: [] Single [] Married [] Divorced [] Remarried [] Other

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Current Driver License or State ID #: _____

City: _____ State: _____

Sheriffs Card: [] Yes [] No Number _____

Metro Volunteer: [] Yes [] No

Veteran: [] Yes [] No - Your Present Occupation:

Student: [] Yes [] No Where: _____

Church: _____ Denomination _____

Are you credentialed for ministry? Yes Licensed Ordained NONE
If so, what Church or Denomination?

How did you find out about us?

Who recommended MOFM Chaplaincy: _____

Choose your area of chaplaincy from the following: Police Fire EMS
 Military Corporate Victims Chemical Dependency School Hospice
 Critical Incident Crisis Intervention Jail Prison Ministry Street Ministry
 Hospital Nursing Home Music Sports Church
Other _____

Have you ever been convicted of a felony? Yes No

If yes please explain where, when, and type.

Signature

Date