



International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

MEMBERSHIP APPLICATION

ICPC emails confirmation upon receipt of application.

PLEASE PRINT LEGIBLY

RECRUITED BY ICPC MEMBER? (LIST ONLY ONE—FIRST/LAST NAME): _____

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

COUNTRY _____ EMAIL ADDRESS _____ GENDER: MALE FEMALE

CELL PHONE: _____ SECONDARY: _____ WORK HOME

DOB ____/____/____ LAST 4 DIGITS OF SSN _____ SPOUSE'S NAME _____ RELIGIOUS AFFILIATION (DENOMINATION) _____

YEARS IN PASTORAL MINISTRY: _____ ORDAINED (YEAR: _____) LICENSED (YEAR: _____)

YEARS IN LAW ENFORCEMENT CHAPLAINCY: _____ DATE APPOINTED: ____/____/____

CHAPLAINCY TYPE: VOLUNTEER PAID LIAISON OFFICER OTHER: _____

AGENCY NAME _____ CHIEF/SHERIFF NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY ACCOUNTS PAYABLE EMAIL _____

AGENCY ACCOUNTS PAYABLE PHONE _____

OFFICE USE ONLY

Background Verification Driver's License

Agency Ltr: _____ Date Appointed: _____

Ecll Ltr: _____ Pastor/Chap Yrs: _____

Member Level (circle)

Full Associate Affiliate Liaison

Email Applicant Member QB

Invoice Memorized Join Date: _____

Member DB Agency DB

NM Handbook-Email Academic info AR

New Member Packet Materials:

Member Certificate Mailing Label File Folder Label

Member Letter Spouse Letter Spouse Envelope

ID Card ____/____ Visor Pin

File Folder Scan E-file QB

Processed by (initials): _____

Packet Mailed: _____

EDUCATION - LIST EACH INSTITUTION ATTENDED:		DEGREE	YEAR
COLLEGE:			
SEMINARY:			
GRADUATE:			
EMPLOYER NAME:			
ADDRESS:			
CITY:		STATE/ZIP:	
EXPERIENCE: <input type="checkbox"/> ATTORNEY <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER: _____			

Membership with ICPC is not an endorsement of competency or an endorsement to practice chaplaincy.

I attest that I have read and will adhere to the [Canon of Ethics](http://www.icpc4cops.org) as outlined on ICPC's website: [icpc4cops.org](http://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 with ICPC.

Have you ever been convicted of a felony in any state or country? NO YES

Do you currently have a felony charge pending in any state or country? NO YES

If yes to either, please attach explanation.

PRINT NAME _____

SIGNATURE _____

DATE ____/____/____

<p align="center"><u>APPLICANT CHECKLIST</u></p> <p><input type="checkbox"/> Application - completed, signed, dated</p> <p><input type="checkbox"/> Membership Annual Fee - \$125.00 US FUNDS ONLY</p> <p><input type="checkbox"/> Criminal Background Verification (CBV)</p> <p><input type="checkbox"/> Agency Appointment/CBV Letter</p> <p><input type="checkbox"/> Ecclesiastical Letter</p> <p><input type="checkbox"/> Driver's License Copy</p>	<p align="center">Submit <u>COMPLETED APPLICATION</u> AND supporting documents to:</p> <p>Mail: ICPC PO Box 5590 Destin FL 32540 E-mail: icpc@icpc4cops.org Fax: 850-654-9742</p> <p align="center"><u>PAYMENT OPTIONS:</u></p> <p>Check - include with your completed packet or Visa/MasterCard - complete form below or indicate phone number for verbal authorization ~ PLEASE DO NOT SEND CASH ~</p>
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Visa/MasterCard Payment Authorization
(Visa/MC Only)

Chaplain Last Name: _____ First: _____

Card Type: Agency Church Personal Amount: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: ____/____/____

Visa/MasterCard #: _____ — _____ — _____ — _____ Exp. Date: ____/____

OR, we will call you for verbal authorization at: (_____) _____ - _____