



**SOUTH CAROLINA
PUBLIC SAFETY CHAPLAINS
ASSOCIATION**

Membership Application

(06/08/17)

Name _____

Spouse's name (if applicable) _____

Email Address _____

Religious Denomination _____

Mailing Address _____

City _____ Postal Code _____

Cell Phone _____

Home Phone _____

Work Phone _____

Department/Agency _____

Position _____

I consent to have this information placed on the following roster(s):

- SCPCSA
- SC Public Safety Chaplains

Please check all that apply:

- I have been appointed to serve as a chaplain for my agency/department
- I have received permission by my denomination/church to serve as a chaplain
 - Verbally
 - In writing
- I have had a background check conducted by my agency/department
- I am a retired public safety chaplain
- I am not a public safety chaplain
 - I would like to become one

What education level have you completed (major or degree field) & professional organizations of which you are member?

- High school diploma
- College degree _____
- Master's degree _____
- Doctoral degree _____

- International Conference of Police Chaplains (ICPC)
- Federation of Fire Chaplains (FFC)
- Association of Professional Chaplains (APC)
- Military Chaplains Association (MCA)
- American Marriage & Family Therapy Association (AMFTA)
- American Association of Pastoral Counseling (AAPC)
- Other: _____

What skills, qualifications & certifications do you have that will support the SCPSCA mission?

Skill/Qualification/Certification Have the Supporting Paperwork

- | | |
|--|--------------------------|
| <input type="checkbox"/> Peer support | <input type="checkbox"/> |
| <input type="checkbox"/> Crisis intervention (CISM) | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Pastoral Education | <input type="checkbox"/> |
| <input type="checkbox"/> Pastoral counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Pastoral crisis intervention | <input type="checkbox"/> |
| <input type="checkbox"/> Substance abuse counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Suicide prevention counseling | <input type="checkbox"/> |
| <input type="checkbox"/> Social work | <input type="checkbox"/> |
| <input type="checkbox"/> Psychology/psychiatry | <input type="checkbox"/> |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> |
| <input type="checkbox"/> EMT/Paramedic | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency communicator | <input type="checkbox"/> |
| <input type="checkbox"/> Detention center/corrections | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> |

On which SCPSCA standing committees would you be willing to serve? (Select more than one if you wish)

- Training (manages training seminars: selects & coordinates locations, subjects & trainers)
- Membership (coordinates new member recruitment; suggests ways to enhance Association membership; helps members find SC public safety agencies that need/want chaplains)
- Communications (coordinates Association communication resources; manages website; and coordinates media outreach)
- Finance & Fundraising (seeks donations & grants)
- Chaplain Support Team (organizes & coordinates critical incident/disaster support for public safety chaplains & their agencies) **You must possess or be willing to be trained in crisis intervention training & experience**
- Spiritual Care (manages prayer chain; provides spiritual encouragement and support to members; and keeps Association spiritually-grounded)
- Suggest others: _____

MEMBERSHIP STATUS	<input type="checkbox"/> Full	<input type="checkbox"/> Dues Paid	Reviewed by: _____
	<input type="checkbox"/> Associate	<input type="checkbox"/> Membership Card Sent	_____
	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Window Decal Sent	Date: _____