



**SOUTH CAROLINA  
PUBLIC SAFETY CHAPLAINS  
ASSOCIATION**

**Membership Application**

**(04/20/22)**

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):

- SCPSCA
- 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  Master's degree \_\_\_\_\_  
 College 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: \_\_\_\_\_

What training subjects would you like to have in the future? (Select as many as you want).  
 Have you had the class? If so, would you be willing to teach it at future meetings?

<b>Subject</b>	<b>Had Class</b>	<b>Willing to Teach It</b>
<input type="checkbox"/> Trauma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PTSD & moral injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stress reduction & management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Making death notifications	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Confidentiality and legal liability	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Responding to a crisis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Officer death and injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Suicide	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ceremonies and events	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public safety officer stressors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Critical Incident Stress Management (CISM)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Resiliency for chaplains	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> How to start a chaplaincy program	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spiritual mentoring	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Strategic leadership for chaplains	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE MAIL YOUR \$30 ANNUAL MEMBERSHIP DUES TO:  
 SCPCSA, PO Box 4101 Greenville Sc 29608**

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