International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

The International Conference of Police Chaplains

MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY

Membership Level:

☐ Full ☐ Associate ☐ Liaison ☐ Affiliate

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

_____ _____ _____
LAST NAME FIRST MI

_____ _____ _____ _____
ADDRESS CITY ST ZIP

_____ _____ GENDER: ☐ MALE ☐ FEMALE
COUNTRY EMAIL ADDRESS

CELL PHONE: _____ SECONDARY: _____ ☐ WORK ☐ HOME

_____/_____/_____ _____
DOB 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: _____

Eccl Ltr: _____ Pastor/Chap Yrs: _____

Additional Notes:

SPOUSE INFORMATION

ICPC would like to connect with your spouse as well. We offer a support and networking community specifically for chaplain spouses. Please provide your spouse's information below so we can help them get connected.

_____
SPOUSE'S FULL NAME

_____ ____ NONE
Spouse's Email Address

_____ ____Home ___ Mobile
Phone Number

Education - List each institution attended:		Degree	Year
College:			
Seminary:			
Graduate:			
Employer Name:			
Address:			
City:		State/Zip:	
Experience: ☐ Attorney ☐ Fundraising ☐ Medical ☐ 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** as outlined on ICPC's website: **icpcchaplains.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**

Applicant Checklist

- ☐ Application - completed, signed, dated
- ☐ Membership Annual Fee - $150.00 **US FUNDS ONLY**
- ☐ Criminal Background Verification (CBV)
- ☐ Agency Appointment/CBV Letter
- ☐ Ecclesiastical Letter
- ☐ Driver's License Copy

Submit *COMPLETED APPLICATION*
AND
supporting documents to:

Mail: ICPC | 373 E. Val Vista Blvd. | Casa Grande | AZ | 85122 **E-mail:** memberapplications@icpcchaplains.org

Payment Options:

Check - include with your completed packet or

Visa/MasterCard/Discover - You will be provided a link to pay online or contact Corporate Office for verbal authorization

~ PLEASE DO NOT SEND CASH ~