

**Fairfax County Community Chaplain Volunteer Application  
Candidate Class IV**



This application is the first step in the Fairfax County Community Chaplain Corps (FCCC Corps) certification process. All candidates are to complete, submit documents as specified in this application, and sign this application as certification to its accuracy. By signing this application, candidates agree to complete required training, agree to comply with the "FCCC Corps Requirements" and agree to the "FCCC Ethics and Guiding Principles".

Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Day Time Contact Telephone #: \_\_\_\_\_ Carrier: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Carrier: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Name of Religious Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Website: \_\_\_\_\_

What is your professional role in your religious institution? \_\_\_\_\_

Check One: Full Time \_\_\_\_ or Part Time \_\_\_\_

Religion/Faith Denomination: \_\_\_\_\_

Denomination or Branch (if applicable): \_\_\_\_\_

Association(s) (if applicable): \_\_\_\_\_

Ordination, Investment, or Certification Body: \_\_\_\_\_ Date: \_\_\_\_\_

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**Fairfax County Community Chaplain Application**  
**Applicant Name:** \_\_\_\_\_

**Last**

**First**

**MI**

As a Fairfax County Community Chaplain candidate, I agree to:

1. Attend and successfully complete the following courses:

Community Chaplain Orientation	Classroom (4 hours)
Assisting Individuals in Crisis	Classroom (16 hours)
Pastoral Crisis Intervention	Classroom (16 hours)
Psychological First Aid	On-Line Training
Incident Command Training	On-Line Training
Certification Detail Meeting	Classroom (8 hours)
2. Successfully complete a Fairfax County Criminal Background Investigation and Commonwealth of Virginia Child Protective Service Investigation which will require the submission of my fingerprints.
3. Participate in one or more oral and or in person interviews conducted by FCCC Corps Steering Committee members and FCCC support staff.
4. Sign and submit with this application the "FCCC Corps Requirements".
5. Sign and submit with this application the "FCCC Corps Ethics and Guiding Principles and Scope of Practice."
6. Attend at least one FCCC Corps meeting per year.
7. Attend at least one FCCC Corps training or FCCC Corps approved training per year after FCCC Corps certification.
8. Provide a cell or smart phone telephone number contact that can receive both voice and text messages for FCCC Corps emergency alerts and deployment call outs.
9. Receive and respond to FCCC Corps communications as requested by cell phone or smart phone.
10. Serve as one of two "On-Call" FCCC Corps chaplains for a one week period for a minimum of four weeks per year. If deployed to an actual event, "On-Call" chaplains may serve up to 12 hours per day during their "On-Call deployment week.
11. "On Call" chaplains are responsible for representing the FCCC Corps during disaster exercises which occur during their "On Call" week.
12. In the event of an emergency or disaster which does not occur during a FCCC Corps chaplain's "On-Call" week, non "On-Call" chaplains will make every attempt to support the deployment.

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**Fairfax County Community Chaplain Application**  
**Applicant Name:** \_\_\_\_\_

**Last** **First** **MI**

Please attach or forward by September 1, 2013, the following:

1. Two letters of recommendation attesting to your ability to serve as a Community Chaplain from the following: the senior clergy, governing board leadership of your current house of worship, or from the leadership of your faith or denomination regional or national governing body.
2. Proof of ordination
3. A brief, typed resume that includes the following:
  - Formal education/other training (college, graduate school professional training, etc)
  - Ministry experience (with dates and reference information)
  - Pastoral training and experience including CPE (if applicable)
  - Other information you feel would be pertinent to help determine your suitability for the Chaplaincy
4. A written description of your reasons for desiring to be a chaplain, and how you believe the ministry of the FCCC Corps chaplaincy fits into your present and future ministry plans.
5. A signed copy of the "FCCC Corps Requirements" and the "FCCC Corps Ethics and Guiding Principles and Scope of Practice".
6. A completed, signed and notarized "Virginia Department of Social Services Child Protective Services Central Registry Release of Information" form.
7. A completed and signed "Fairfax County Government Appointee Background" form.
8. A completed and signed "Fairfax County Applicant Release of Information" form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MAIL TO:                      Attention: Sandra Chisholm, Program Manager  
Fairfax County Community Interfaith Coordination  
Department of Neighborhood and Community Services  
12011 Government Center Parkway, 10th Floor  
Fairfax, Virginia 22035

INFORMATION:              Fax: 703-324-4500 or call 703 324 3453  
Scan & Email to [NCSInterfaith@fairfaxcounty.gov](mailto:NCSInterfaith@fairfaxcounty.gov)