

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



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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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
Disaster Chaplaincy	Classroom
Deployment Sites & Procedures	Classroom
Risk Management & Disaster Operations	Classroom
Individual Deployment: Suicide & Sudden Death	Classroom
Psychological First Aid	On-Line Training
Intro. to Incident Command System IS-100b	On-Line Training

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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Applicant Name: _____
Last First MI

Please attach or forward by September 29, 2017, 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: Renice Holman, Emergency Management
Fairfax County Community Interfaith Coordination
Department of Neighborhood and Community Services
12011 Government Center Parkway, 4th floor, Suite 408.02
Fairfax, Virginia 22035

INFORMATION: Fax: 703-653-1314 or call 703 324 7608
Scan & Email to Renice.Holman@fairfaxcounty.gov