APPLICATION FOR POLICE CHAPLAIN CERTIFICATION
# PERSONAL

1. Soc. Sec. #

2. Last Name

3. First

4. Middle

5. Address:

6. Street #

7. Street

8. City

9. State

10. Zip Code

11. U.S. Citizen: yes no

12. Height: 

13. Weight: 

14. Hair:

15. Color:

16. Eye:

17. Sex:

18. D.O.B. / /

# EDUCATION

19. High School Graduate: yes no

20. GED: yes no

21. Name of High School

22. City

23. State

24. Graduation Date

25. College Attended

26. City

27. State

28. Graduation Date

29. Additional Colleges

30. Type of Degree

31. CRIMINAL HISTORY (Misdemeanors, Felonies, Traffic)

32. Use Additional Sheet if Needed

33. Charge

34. Date

35. Location

36. Disposition

37. Use Additional Sheet if Needed

38. Have you ever been employed in Law Enforcement? yes no

39. If yes, List Below.

40. Have you ever been certified as a Peace Officer? yes no

41. If yes, Certification #

42. State

43. Department

44. Location

45. From

46. To

47. Reason for Leaving

48. MILITARY

49. If none, check here

50. Branch

51. From: / 

52. To: /

53. Type of Discharge:

54. If other than Honorable, attach explanation.

55. ATTESTATION

56. I have personally reviewed the above section. I attest and affirm that the above information regarding my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification as a peace officer (O.C.G.A. § 35-8-7.1) and could result in criminal prosecution (O.C.G.A. § 16-10-20).

57. I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

58. Signature-Agency Head/Authorized Representative

59. Candidate’s Signature

60. Notary Public/ Seal
I, (Full Name of Candidate) ____________________________, certify that I am in good health, physically fit, and of good moral character and release the Georgia Peace Officer Standards and Training Council, the Department of Public Safety, the State of Georgia, and any other official associated or connected with the training academy for liability in case of illness or accident.

I understand I must satisfactorily complete a basic chaplains' training course within 18 months of the date of this application.

This application will be valid for 18 months only. If not certified by that time, this application will be returned to my employing agency and a new application submitted according to P.O.S.T. Council rule 464-11-.02.

__________________________________________  ________________
Candidate Signature                       Date

______________________________
Agency Head or Authorized Representative
PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Peace Officer Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veterans’ Administration; employment and preemployment records, including background reports, polygraph examinations or reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for the Georgia Peace Officer Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

__________________________  _______________________
Signature (Including maiden name)      Date

__________________________  _______________________
Address                        Phone Number

__________________________  _______________________
City               State          Zip     Social Security Number

__________________________
Date of Birth

__________________________  _______________________
Notary Public                      Date

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Peace Officer Standards and Training Council.
CANDIDATE TRAINING AND CERTIFICATION

Agency Making Application: ________________________________

Address: ________________________________

Candidate is serving as a chaplain with this agency:

Yes ___  No ___

Date Interviewed: ___ / ___ / ___ (Required by O.C.G.A. 35-8-8)

Date of Appointment ___ / ___ / ___

A background investigation was completed by ________________________________ (Investigator)
on ___ / ___ / ___. Candidate was found to satisfy requirements of O.C.G.A. § 35-8-13.

The Candidate named on this application is recommended by me for certification as a police chaplain pursuant to O.C.G.A. 35-8-13 and POST rule 464-11.

The background investigation revealed that this candidate has been engaged in the active ministry as a principal vocation in life for a minimum of two years.

From ______ to ______

Date __________ Date __________

Date: ___ / ___ / ___ Signature: __________________________________________

Agency Head
PHYSICIAN’S AFFIDAVIT

I understand ____________________________________________ is being considered for employment as a police chaplain.

I have examined ______________________________________ and to the best of my knowledge this person is free from any physical, emotional or mental conditions which might adversely affect this person’s ability to perform the duties of a police chaplain.

_____________________________________________________
Physicians Name (Please Print)

_____________________________________________________
Address

_____________________________________________________
Physician’s Signature

/    /
Date
Attach Letter of Endorsement
by
Religious Denomination Here
Attach Verification of Ordination Here
Attach Birth Certificate Here

In lieu of a birth certificate, a valid Georgia Drivers’ License plus one or more of the following documents may be accepted:

a. Baptismal record
b. Draft card
c. Court records
d. Passport
e. Citizenship papers
f. Armed Forces discharge paper (DD214)
g. Certified copy of school records

This identification must show the full name and date of birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date and county of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers are to be sent with the statement.
Attach High School Diploma
or State Issued GED Here
Attach Military Discharge or DD214 Showing Type of Discharge Here
Certified Driver History
Attach Here

Must be original from Department of Public Safety
(Copies will not be accepted)
Georgia Crime Information Center and National Crime Information Center Printout

Attach Printout Here (Original Only)
2 Fingerprint Cards
(Processed Only)

1. F.B.I.

2. G.C.I.C.

If not attached, have cards been sent to G.C.I.C. [ ] [ ]
yes no

Send 2 applicant (blue) fingerprint cards to:

Georgia Crime Information Center
Records Section
P.O. Box 370748
Decatur, Georgia 30037-0748
Attach of Diploma from POST
Chaplains' Training Course
DEPARTMENTAL GUIDELINES FOR
FIELD TRAINING EXERCISES
FOR POLICE CHAPLAINS

The current Chaplains Training Program was developed to include two components, a classroom training session of forty hours and a field training exercise consisting of thirty-four hours. It is believed that this type of two-pronged approach benefits both the chaplain and the agency by providing some standardized state-wide and some local training specific to the needs of a particular geographic area.

The following topics will be provided by the sponsoring agency:

a) Communications -- 4 hours

The Chaplain should spend four hours learning the specific communications system utilized by the agency. It is important for the Chaplain to be able to access and operate communication equipment in the event of an emergency.

b) Departmental Organization, Policy & Procedure -- 4 hours

The Chaplain should have a working knowledge of the organization and chain of command. Additionally the Chaplain should be issued a departmental policy and procedure manual and be apprised of particular policies and procedures that will effect the chaplain in the performance of the duties of police chaplain for that agency.

c) Victims Assistance -- 4 hours

The Chaplain will become familiar with all services provided to victims within the geographic or political jurisdiction of the agency. Specific attention should be placed upon the victims of family violence, child abuse/neglect, developmentally disabled, homeless, rape, and other sex crimes.

d) Departmental Role of the Chaplain -- 2 hours

The Chaplain will be made aware of the specific function the sponsoring agency desires. Additionally, staff should likewise know the responsibilities and role of the Chaplain.
e) Ride-a-long -- 16 hours

The Chaplain will participate in 16 hours of on-duty law enforcement experience as determined by the chief executive officer.

f) Overview of local detention facilities -- 4 hours

The chaplain will visit and have a working knowledge of all detention facilities where the chaplain may be called upon for services. Likewise, detention facility personnel should be aware of the services and limitation of services the chaplain can provide.
LAW ENFORCEMENT AGENCY  
ATTESTATION OF  
CHAPLAINS FIELD TRAINING EXERCISE

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<tr>
<th>TOPIC</th>
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<th>DATE</th>
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Georgia Peace Officer Standards and Training Council  
5000 Austell-Powder Springs Road, Suite 261  
Austell, Georgia 30106