

*GEORGIA  
PEACE OFFICER STANDARDS  
AND  
TRAINING COUNCIL*



*APPLICATION FOR POLICE CHAPLAIN  
CERTIFICATION*

*Return to:  
GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL  
P.O. Box 349  
Clarkdale, Georgia 30111  
THE FOLLOWING MUST BE COMPLETED BY APPLICANT  
Applicable Code Sections O.C.G.A. § 35-8-23*



*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.*

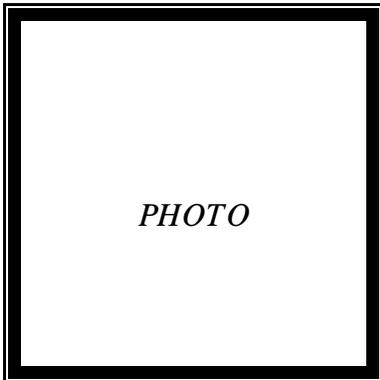
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*Candidate Signature*

*Date*

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*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 photo copy 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.

*(Revised 2/11/88)*

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)*



*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*

<u>TOPIC</u>	<u>HOURS</u>	<u>DATE</u>	<u>CHIEF EXECUTIVE SIGNATURE</u>
<i>Communications</i>	<i>4</i>	_____	_____
<i>Dept. Organization, Policy &amp; Procedure</i>	<i>4</i>	_____	_____
<i>Victim Assistance</i>	<i>4</i>	_____	_____
<i>Dept. Role of the Chaplain</i>	<i>2</i>	_____	_____
<i>Ride-a-long</i>	<i>16</i>	_____	_____
<i>Overview of local detention facilities</i>	<i>4</i>	_____	_____

*Georgia Peace Officer Standards and Training Council  
 5000 Austell-Powder Springs Road, Suite 261  
 Austell, Georgia 30106*

