



CHAPLAIN APPLICATION PACKET

We want to thank you for responding with compassion to the needs of disaster victims. Being a chaplain to those who have experienced loss and pain is a rewarding ministry, but it can also be very challenging because of the emotional and spiritual demands involved. Please read this document carefully and prayerfully, asking God to speak to your heart as you consider applying to become a Billy Graham Rapid Response Team (RRT) chaplain.

I. RRT Essential Job Functions

When deployed into disaster areas, we know it's very difficult for chaplains when they experience physical, emotional, and spiritual challenges. Please review the following functions to help you decide whether this role is a good fit for you.

Physical Functions:

- Must have good physical health.
- Be willing to sleep on the floor in a room with others in close proximity.
- Be willing to share bathroom facilities with many others.
- Understand showers may be in a shower trailer with time limitations.
- Be willing to minister outside in extreme weather conditions.
- Be willing to endure a deployment day lasting from 6 a.m. to 8 p.m. (14-hour days).
- Understand electricity may be limited or not available.
- Be willing to do daily tasks, including cleaning bathrooms, kitchens, and/or showers, mopping floors, sweeping, and helping to carry bags of trash.
- Must be able to lift at least 25 pounds.
- Understand cell phone service may be limited or not available.

Emotional, Spiritual, and Mental Functions:

- Be a person of emotional and spiritual maturity.
- Always demonstrate a servant's heart.
- Be a good listener for extended periods of time.
- Focus on the emotional and spiritual care of others.
- Demonstrate God's love through compassion and care.
- Never allow your personal problems to affect your ministry to the brokenhearted.
- Be free of any medication that would impair your thinking or activity.
- Always be prepared to share God's hope.



II. Training Standard

In order to maintain a high standard of excellence while providing emotional and spiritual care and operate in accordance with expected standards of the disaster community, all RRT chaplains will need to complete the following minimum training requirements within 24 months of being accepted.

A. One of the following regional RRT training seminars:

- *Sharing Hope in Crisis*
- *His Presence in Crisis*

Note: Visit billygraham.org/RRT for the 2010 seminar schedule.

and

B. Two Critical Incident Stress Management (CISM) courses

These are available yearly at the RRT Chaplain Training Conference in Asheville, N.C. The recommended CISM courses can also be completed through the International Critical Incident Stress Foundation (icisf.org), American Association of Christian Counselors (aacc.net), and the Salvation Army. You can also contact your local police or fire chaplain and often they will be able to direct you to regional CISM trainings.

The RRT-recommended CISM courses are:

- Individual Crisis Intervention and Peer Support (required)
- Grief Following Trauma
- Emotional and Spiritual Care in Disasters
- Suicide Prevention, Intervention, and Postvention
- Pastoral Crisis Intervention I
- CISM Application With Children in Disaster
- Law Enforcement Perspectives for CISM Enhancement
- Group Crisis Intervention

When you complete a RRT seminar, we will have that on record. For all CISM courses completed, you'll need to fax a copy of the certificate of completion to 704-401-3003, or scan and e-mail a copy to Rosemary Moore at rmoore@bgea.org.

If you have already completed other crisis intervention training, please submit the certificate and/or class description to the RRT office for consideration on a case-by-case basis for credit toward your requirements.



III. Chaplain Background Checks

In accordance with RRT policy for all chaplains, and to be better prepared for deployment alongside local, state, or federal government agencies, all chaplain candidates must have a completed and approved background check by the Billy Graham Evangelistic Association. Please print, sign, and mail the attached “Applicant Disclosure and Consent Form” with your chaplain application. Please include a \$40.00 check, made payable to BGEA, to cover the cost. On the memo line of the check, write “background check.”

In summary, to become a RRT chaplain you need to:

- Agree to the essential job functions as outlined.
- Be willing to complete the required training as stated.
- Be willing to deploy at least one week every two years if called.
- Complete the application and background check consent form and mail them, along with the processing fee of \$40.00, to the address given on the application.

Since September 11, 2001, with God’s guidance and direction, the RRT has responded to man-made and natural disasters in nine countries on six continents, offering emotional and spiritual care to more than 450,000 survivors and first-responders. Today, with RRT offices in the United States, Canada, and the United Kingdom, we hope to reach even more people with the comfort and hope of Jesus Christ.

We are excited you are interested in becoming a BGEA RRT chaplain, to share God’s love at a moment’s notice anywhere in the world. Thank you for your prayers, and we trust we will see you in the field.

God bless you!

A handwritten signature in black ink that reads "Jack W. Munday". The signature is fluid and cursive.

Jack Munday
Director
Billy Graham Rapid Response Team



DATE OF APPLICATION _____

DATES AVAILABLE FOR DEPLOYMENT

RAPID RESPONSE TEAM VOLUNTEER CHAPLAIN APPLICATION

(MUST BE 18 YEARS OR OLDER)

Full (Legal) Name _____

Preferred Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ (_____) _____ (_____) _____

WORK

HOME

CELL

E-mail Address _____

Marital Status: Married Single Divorced Separated Widow/Widower

Emergency Contact Name _____ Phone _____

Church Affiliation _____

Pastor's Name _____

May we contact your senior or staff pastor as a reference? _____

If yes, pastor's name and contact information:

Name: _____ Telephone: (_____) _____

Church Name: _____ E-mail: _____

City: _____ State: _____ ZIP: _____

1. How did you hear about the Billy Graham Rapid Response Team? _____

2. Why do you desire to serve as a volunteer chaplain? _____

3. Please circle the letter of the ministry role(s) in which you have served in the past.

Ministry Role	Dates Served
a. Pastoral—a ministry to pastors	_____
b. Chaplain: Specify: Military, FBI, Police, Fire, etc.	_____
c. Christian Counseling (Licensed/Certified) Specify: Adult, Youth, Children	_____
d. Trainer: Crisis Intervention	_____
Clinical Trauma	_____
Disaster Response	_____
e. Youth or Children's Ministry	_____
f. Hospice Worker	_____
g. Administrative Support	_____
h. Prayer Intercessor	_____
i. Marriage Ministry	_____
j. Other (please describe)	_____
_____	_____
_____	_____

4. Please circle the letter of any training you have attended, and fill in date and location.

a. <i>Sharing Hope in Crisis</i> (RRT)	_____
b. <i>His Presence in Crisis</i> (RRT)	_____
c. International Fellowship of Chaplains (IFOC)	_____
d. Critical Incident Stress Management (CISM) Course(s):	_____
_____	_____
_____	_____
e. Other (please describe):	_____
_____	_____
_____	_____

5. Please describe past experience and duties in disaster, grief, trauma, crisis intervention, or missions experience.

6. Please check one or more boxes below that best describe your ministry training or vocational experience.

- Law Enforcement Fire Military Personnel EMS
 Christian Counselor Pastor Hospice Worker Chaplain
 Ministry Leader Trained in Crisis Intervention

Please provide proof of training with this application (copy of certificates, identification cards, etc.).

7. Do you have any physical, emotional, or medical limitations that would hinder your involvement at a disaster site? If so, please explain.

8. Please check below the boxes of the conditions or situations that would be acceptable to you in a deployment:

- Climb stairs
 Sleep on cots
 Lift 25 pounds
 No electricity
 Extreme weather conditions (below 25 degrees F or above 95 degrees F)
 Work 14 hours per day
 Extended times standing or walking
 Assist with daily chores (cleaning, laundry, etc.)

9. According to 1 Peter 3:15, "Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect." On the scale below, please circle the number that best describes your level of comfort to share as described.

1 2 3 4 5 6 7 8 9 10
Not Comfortable Very Comfortable

10. Would you be able to deploy to a disaster, if sent, for one week every two years?

- Yes No

11. If deployed, would you be able to cover your own travel expense?

- Yes No

12. Do you have: A valid driver's license?

- Yes No

A commercial driver's license?

- Yes No

A passport?

- Yes No

13. List any languages you speak fluently in addition to English. (Please include sign language.)

14. Please list five references we may contact (friends, business associates, etc.). Do not include family members or senior or staff pastor listed above. Must have known the person for at least six months. For pastors who are applying, please include a spiritual mentor.

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

15. Please explain any crisis or time of grief you have personally experienced in the past 12–18 months.

16. Please explain your personal salvation experience in the Lord Jesus Christ. (Use additional paper if needed.)

17. Please describe how you have grown spiritually since your decision to follow Jesus Christ.

18. Please include a résumé with this application.

By applying for consideration as a volunteer for the Rapid Response Team of Billy Graham Evangelistic Association (BGEA), I acknowledge my understanding and agreement that the selection of volunteer staff is at the sole discretion of BGEA, based on its assessment of the overall qualifications of volunteer applicants and BGEA’s ministry requirements.

The Billy Graham Evangelistic Association believes: the Bible to be the infallible Word of God, that it is His holy and inspired Word, and that it is of supreme and final authority; in one God, eternally existing in three persons—Father, Son, and Holy Spirit; Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary; He led a sinless life, took on Himself all our sins, died and rose again, and is seated at the right hand of the Father as our mediator and advocate; that all men everywhere are lost and face the judgment of God, and need to come to a saving knowledge of Jesus Christ through His shed blood on the cross; that Christ rose from the dead and is coming soon.

I understand on signing this application that I agree with the statement above, that I obligate myself to share only the basic Gospel of Jesus Christ, and that I will attempt to meet the expressed spiritual need in light of the Scriptures. I further understand that I am not to advocate any doctrines other than Jesus Christ as Lord and Savior and that I am not to proselytize for my church or denomination.

(Signature)

(Date)

PLEASE MAIL THIS APPLICATION TO:

Billy Graham Rapid Response Team
Attention: Rosemary Moore
1 Billy Graham Parkway
Charlotte, NC 28201-0001



BILLY GRAHAM RAPID RESPONSE TEAM

APPLICANT DISCLOSURE & CONSENT FOR RELEASE OF INFORMATION FORM

Please print responses to the following required information:

Volunteer name: _____
(First) (Middle) (Last)

Other names used: _____

Gender: _____

Current street address: _____

Previous address (1): _____

Previous address (2): _____

Social Security number: _____

Driver's license, state of issue, and number: _____
(State of issue) (Number)

Date of birth: _____ Place of birth: _____
(City) (State) (Country)

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR APPLICANTS

Please read the accompanying information carefully. This Disclosure and Consent Form has been provided to you by Billy Graham Evangelistic Association (BGEA) to request a consumer report or investigative consumer report in connection with your application for association with or in connection with your continued association, whichever is applicable. An investigative consumer report may include information regarding your character, general reputation, personal characteristics, and mode of living, whichever is applicable.

DISCLOSURE STATEMENT

You, the volunteer chaplain applicant, acknowledge that BGEA may now, or at any time while you are associated with BGEA, verify information within your application, résumé, or other related documents. Such verification may include, without limitation, the following: driving records, workers compensation records, credit bureau files, employment references, personal references, educational and licensing institution records, and any criminal record information pertaining to you which may be in the files of any federal, state, local or foreign criminal justice agency.

The results of this verification process may be used to determine your eligibility for initial or continued association with BGEA. All results will be kept confidential. The information will not be provided to parties other than designated BGEA personnel, unless otherwise mandated by law.

In accordance with the Fair Credit Reporting Act, you are entitled, upon written request made within a reasonable amount of time, to receive a copy of a consumer report or investigative consumer report prepared by a consumer reporting agency and a disclosure of the nature and scope of the investigative consumer report, if applicable.

Your signature below indicates that (1) you have carefully read this Form and that you understand that a consumer report or investigative consumer report regarding you may be requested by BGEA and reviewed for association-related purposes, including future decisions concerning your association or retention as a chaplain, as applicable, (2) that you understand that such consent will remain in effect indefinitely until you revoke it in writing, and (3) that you understand that you have the right to revoke such consent at any time.

VOLUNTEER CHAPLAIN APPLICANT'S CONSENT TO RELEASE INFORMATION

I, the Applicant, understand that in consideration of my application for association, or my continued association, with Billy Graham Evangelistic Association (BGEA), an investigation may be conducted of my past employment and other activities. I authorize past employers, personal references, and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service, and credit history. I release all persons, including without limitation past employers, credit bureaus, and government agencies from any liabilities or damages related to furnishing such information.

In consideration of my application for association, or my continued association, with BGEA, I hereby authorize BGEA and/or their agents to conduct such an investigation, and release said companies, including without limitation their officers, directors, employees, agents, and representatives from all liability or responsibility for this investigation, which may include, without limitation, the gathering of information regarding personal, professional and educational references, credit or consumer investigations and histories, driving histories, professional license, civil and criminal history information that may be in the files of any local, state, federal, or foreign criminal justice agency.

A photocopy or telephonic facsimile (fax) of this Disclosure and Consent Form shall be valid as the original.

I, the Volunteer Chaplain Applicant, do hereby certify that all of the information provided by me for the purpose of association consideration or continued association is true and complete to the best of my knowledge. I understand that any false statements may end consideration of my employment by BGEA, or may be cause for dismissal if I am associated with BGEA.

APPLICANT: _____ DATE: _____
(Please type or print name)

(Signature)

(PLEASE INCLUDE WITH THIS SIGNED FORM A CHECK IN THE AMOUNT OF \$40.00, PAYABLE TO BGEA, AND NOTE ON THE MEMO LINE "BACKGROUND CHECK." MAIL WITH APPLICATION FORM TO ROSEMARY MOORE, BGEA-RRT AS NOTED ON APPLICATION.)