



Date of Application _____

Dates Available for Deployment _____

RAPID RESPONSE TEAM VOLUNTEER CHAPLAIN APPLICATION

(Must be 18 Years or Older)

Full (Legal) Name _____

Address _____

City _____ State _____ Zip Code _____

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 Pastor as a reference? _____

If yes, Pastor's name and contact information:

Name: _____ Telephone: _____

Church Name: _____ E-mail: _____

City: _____ State: _____

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 (letter) the ministry role(s) you have served in the past.

<u>Ministry Role</u>	<u>Years of Service</u>
a. Pastoral – a ministry to pastors	_____
b. Chaplain – FBI, Police, Fire or Military	_____
c. Christian Counseling (Licensed/Certified)	_____
Specify: adult, youth, children	
d. Trainer–Crisis Intervention, Clinical Trauma or Disaster Response	_____
e. Children’s Ministry – working with children	_____
f. Youth Ministry – working with youth	_____
g. Hospice Worker	_____
h. Evangelism Training (completed)	_____
Course: _____	
i. Street ministry and other general assignments	_____
j. Administrative Support	_____
k. Prayer Intercessor	_____
l. Marriage Ministry	_____
m. Other (please describe):	_____

4. Please describe past training and experience in disaster response, grief, trauma or crisis intervention. _____

5. Please check one or more boxes below that best describes your ministry training or vocational experience:

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Fire | <input type="checkbox"/> Military Personnel | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Christian Counselor | <input type="checkbox"/> Pastor | <input type="checkbox"/> Hospice Worker | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Ministry Leader | <input type="checkbox"/> Trained in Crisis Intervention | | |

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

15. Please list five references we may contact: (i.e. friends, business associates, pastor on church staff etc. Please do not include family members or Senior Pastor listed above. Must have known for at least 6 months.)

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

16. Please describe below any crisis or time of grief you have personally experienced in the past 12-18 months. (Optional) _____

17. Please provide a personal statement of your salvation experience in the Lord Jesus Christ. _____

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

PLEASE MAIL OR FAX THIS APPLICATION TO:

Billy Graham Rapid Response Team
Attention: Rosemary Moore
1 Billy Graham Parkway
Charlotte, NC 28201-0001
Fax: 704-401-3003

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.

RRT0309