

# CHURCH RECOMMENDATION FOR CHAPLAINCY

## Church Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Year affiliated with the N.T.A.I.B.C. \_\_\_\_\_

(If requesting affiliation please note "affiliation requested.")

## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

(street)

(city)

(state)

(zip code)

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

How long has the applicant been a member of the church? \_\_\_\_\_

What have been the applicant's areas of service at the church? \_\_\_\_\_

## Church Recommendation

What is the area of service you are recommending for the candidate? (Army, Navy, Airforce, Reserves, National Guard, V.A., CAP, Coast Guard, etc.) \_\_\_\_\_

Can you fully endorse and highly recommend the applicant for this service? \_\_\_\_\_

Are you in agreement with the N.T.A.I.B.C. Religious Requirements and Practices for Chaplains? \_\_\_\_\_

Comments: (Please share any comments that you feel would be helpful to us.)

Date: \_\_\_\_\_

Signatures: Church Clerk \_\_\_\_\_

Pastor \_\_\_\_\_

Please send to: Dr. Richard Paige, N.T.A.I.B.C.  
8856 East Fairfield Street  
Mesa, AZ 85207

(Retain a copy for your files)