

## CHAPLAIN'S ASSISTANT INITIAL APPLICATION PACKET FORM 104

### Page 1 of 3

Dear Applicant:

Thank you for your interest in serving as a Chaplain's Assistant. This application packet consists of 3 pages.

Application process:

1. Get the approval of your branch church/society governing board on page 3 of this form
2. Complete page 2 of this form
3. Make sure that your application interview is on your Local Committee's agenda
4. Attend your Local Committee interview. Take the entire application with you
5. The Local Committee retains your application and either approves or does not approve your appointment. The State Committee is not involved in Chaplain's Assistant appointments
6. If approved, the Local Committee notifies the State Committee for their records

### IMPORTANT

**Your application cannot be approved by the Local Committee if there are blanks in the application or signatures are missing!**

Checklist:

- Branch church/society nomination on page 3 completed
- Page 2 completed
- Page 3 completed by Local Committee
- Local Committee chair signature

**CHAPLAIN'S ASSISTANT INITIAL APPLICATION FORM 104**

**Page 2 of 3**

Please type or print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Local Committee: \_\_\_\_\_

How long have you been a student of Christian Science? \_\_\_\_\_

Date you were admitted to membership in The Mother Church \_\_\_\_\_

Branch church membership \_\_\_\_\_ Date admitted: \_\_\_\_\_

Do you regularly attend both Sunday services and Wednesday meetings? \_\_\_\_\_

Why are you interested in this work? : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes      No      1. Are you comfortable with the Institution in which you serve conducting a background check if this is their policy?

Yes      No      2. If you have ever been convicted of a crime other than a minor violation, do you understand that it may be necessary to obtain a special waiver and approval under the rules governing work in California State correctional institutions?

Yes      No      3. Do you have any previous experience as a Chaplain's Assistant or Chaplain? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHAPLAIN'S ASSISTANT INITIAL APPLICATION FORM 104 (continued)**

**Page 3 of 3**

Name of Applicant \_\_\_\_\_

**To Be Completed By the Governing Board of Applicant's Branch Church/Society:**

The governing Board of \_\_\_\_\_

hereby nominates (applicant) \_\_\_\_\_

to be appointed as a Chaplain's Assistant, and confirms that he/she is a member in good standing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Position \_\_\_\_\_

\*\*\*\*\*

**To Be Completed By the Local Committee:**

Interview date \_\_\_\_\_

Yes No 1. Does the applicant understand the importance of cooperating with the institutional authorities and maintaining harmony in this work?

Yes No 2. Has the applicant read "Our Institutional Procedures" as found on lightinprison.org?

Yes No 3. Will the applicant abide by "Our Institutional Procedures" as found on lightinprison.org and other directions given by the Chaplains they may be assisting, Local Committee, and State Committee?

Yes No 4. Does the committee feel that the applicant will appropriately represent Christian Science in the institutions?

\*\*\*\*\*

\_\_\_\_\_ Local Committee (circle one) **approves** **does not approve**

(applicant name) \_\_\_\_\_ for appointment as a Chaplain's Assistant.

Chair signature \_\_\_\_\_ Date \_\_\_\_\_

Liaison signature \_\_\_\_\_ Date \_\_\_\_\_

**IF APPROVED, PLEASE NOTIFY:**

Christian Science Committee on Institutional Work in California  
P.O. Box 1237, Hollister, CA 95024-1237  
[cs.state.co@gmail.com](mailto:cs.state.co@gmail.com)