Daytona Beach Police Department Chaplains Application

129 Valor Boulevard
Daytona Beach, Florida 32114
(386) 671-5100

_____ _____ _____

LAST NAME FIRST MI

_____ _____ _____ _____

ADDRESS CITY STATE ZIP

_____ _____ Gender: ☐ Male ☐ Female

COUNTRY EMAIL ADDRESS

CELL PHONE _____ SECONDARY _____ ☐ Work ☐ Home

____-____-____ _____ _____ _____

DOB SSN SPOUSE'S NAME RELIGIOUS AFFILIATION

The Chaplains Ministry is Judeo Christian, based on the Bible. Other religions will be listed and referrals will be made as necessary. Applicant must have five years experience as ordained or licensed minister (copy needed). If individual is not head Ecclesiastical officer, a letter of approval must be submitted by the Chief Officer.

EDUCATION—LIST EACH INSTITUTION ATTENDED: **DEGREE** **YEAR**

COLLEGE:

SEMINARY:

GRADUATE:

WORK

EMPLOYER NAME:

ADDRESS:

CITY: STATE/ZIP:

MINISTRY EXPERIENCE:

I understand that misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination of membership.

Have you ever been convicted of a felony offense or do you currently have a felony charge pending in any state or country? NO ☐ YES ☐ If yes, please attach explanation. A background check necessary.

_____ _____ ____/____/____

PRINT NAME SIGNATURE DATE