

Application for Spokane County Sheriff's Chaplain

Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone: _____ Social Security Number: _____

Local Church Served: _____

Church Address: _____

Church Telephone: _____ Time in Ministry: _____

Academic Training and Degree(s)

Family Information: Spouse's Name: _____

Children's Name(s): _____

I would like to be involved as a Sheriff's Chaplain appointed by Christian Outreach to Police and their Spouses (C.O.P.S.). Please consider this as my application for training as a volunteer chaplain.

Signature: _____

Mail to Spokane County Chaplaincy, P.O. Box 18752, Spokane, Washington 99208,
along with:

___ Letter of approval from your local church ___ Three (3) personal reference letters

___ Copies of Degree(s), Ordination, etc. ___ Resume