



Baltimore County Police / Fire Chaplain Corps Application



Last Name		First Name		M.I.	Birth Date	Place of Birth	Gender
Address				City		State	Zip Code
						(Select)	
Email Address			Cell Phone #		Secondary Phone #		Type
							(Select)
Emergency Contact Person		Relationship		Cell Phone #		Secondary Phone #	
Driver's License #		Issuing State		CDL License		Other Specialized License <input type="checkbox"/> Yes <input type="checkbox"/> No	
						Type: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Religious Affiliation		Year Ordained		Year Licensed		Baltimore County Integrity Form Signed Yes <input type="checkbox"/> No <input type="checkbox"/> (Attach) Integrity Form Hyperlink	
Name of Current Ministry			Address of Current Ministry			City	State
Years of Pastoral Ministry		Current Tenure		Letter of Recommendation Required Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach)			
Prior Public Safety Chaplaincy – Agency Name				Years of Service		Agency Contact Person	
Agency Address				City		State	Zip Code
							Agency Telephone #

Education – List Each Institution Attended	Degree	Year Completed	Office Use Only (Date/Initial Verified)
Undergraduate			
Seminary			
Graduate			
Doctorate			



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Previous Employment History – List Two (2) Most Recent Employers						Office Use Only (Date/Initial Verified)
Employer		Dates	-			
Address						
Telephone #		City	State	Zip Code		
Position / Title		Contact Person				

Employer		Dates	-			
Address						
Telephone #		City	State	Zip Code		
Position / Title		Contact Person				

Other Experience / Training – Check all that Apply						Office Use Only (Date/Initial Verified)
Multi –Lingual (Only if Fluent)	<input type="checkbox"/>	Language(s)				
Medical-Doctor/EMT	<input type="checkbox"/>	Training Level				
Legal-Attorney	<input type="checkbox"/>	Training Level				
Volunteer	<input type="checkbox"/>	Organization				
Other- (Select) (Select)	<input type="checkbox"/>	Specify				

Information Verification Statement

I certify that all supplied information is correct and complete to the best of my knowledge and belief. In signing this document I do so with the understanding that all statements will be investigated and if found to be incorrect, incomplete or misleading my application may be terminated and any offer of placement withdrawn. Information provided and investigated may be basis for the denial of placement within the Baltimore County Police / Fire Chaplain Corps.

I have been convicted of a felony offense
I have felony offense charges pending

Yes No **If yes, written explanation required.**
 Yes No **If yes, written explanation required.**



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Confidentiality Statement

I agree to treat all business of the Baltimore County Police and Fire Departments as confidential. I will not disseminate any information regarding official business unless instructed to do so by a member of the department(s). I will not remove or copy official records or reports unless directed to do so as part of my duties. I understand that departmental activities are restricted and should not be discussed with anyone outside of the department.

Printed Name

Signature

Date

Checklist Completed By Applicant – Submitted / Attached	
Completed / Signed Application - Required	<input type="checkbox"/>
Letter of Recommendation - Required	<input type="checkbox"/>
Completed / Signed Integrity Form - Required	<input type="checkbox"/>
Written Explanation(s) – Required If Applicable	<input type="checkbox"/>
Certified Copies – Driving / Criminal Records - Optional	<input type="checkbox"/>
Copies of Supporting Documentation - Optional	<input type="checkbox"/>

Once the application has been completed, with all required documents attached, submit the packet to the following location for processing:

Baltimore County Police / Fire Department Chaplain Corps Application
Public Safety Building – 7th Floor
700 E. Joppa Rd.
Towson, MD 21286