

RRCM

21851 NEWLAND STREET #224, HUNTINGTON BEACH, CA 92646

RRCM Basic Chaplain

Churches, Ministries, Chaplaincy's, Missions and Training Institutes
Certificate of Ordination Certificate of Title and Certificate of License
Certificate of Endorsement

Please Note: Applications must be mailed to the RRCM home office. They cannot be emailed or faxed. Upon approval, documents will be sent to the address you list below. Please make sure you list the address where you want your documents to be sent.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) _____ Business Phone (____) _____

E-mail Address: _____

Date of Birth: _____ Age: _____ Sex: _____

Marital Status: Single Married Divorced Remarried Other

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Current Driver License or State ID #: _____ State: _____

Veteran: Yes No

Your Present Occupation: _____

Are you credentialed for ministry? Yes Licensed Ordained NO

If so, what Church or Denomination? _____

Education level High School College: Degree _____

How did you find out about us? _____

Who recommended RRCM to you: _____

Choose your area of ministry from the following: Police Fire EMS

Military Corporate Victims Chemical Dependency School Hospice

Critical Incident Crisis Intervention Jail Prison Ministry Street Ministry

Hospital Nursing Home Other _____

Have you ever been convicted of a felony? Yes No -If yes please explain on the back of the application. This does not mean you will not be approved! We are very understanding. Many of us have been broken and have had our own problems. That is why most of us know what it means to say we walk the walk!

(All required documents must be included with your application)

Make sure you read this application very carefully before signing. No application will be considered or processed without this application being completed in full, signed, dated, and all required documents must be included. All memberships and ID cards must be renewed each year on or before the renewal date located on your membership certificate and ID Card. Please be sure to provide the following with your application. No application will be processed unless the following requirements are complete:

1. Resume - A resume of sort, detailing what you would like to do to help those who are in pain or suffering.
2. Documents and ministerial experience - Include any documents and ministerial experience you have, if you have none, Please tell us anything you feel that would help us understand your need to become a member or to be endorsed by RRCM. We are recruiting people that know how to walk the walk, so we are very understanding to your calling. We are looking for those who know how to give from the heart for the Glory of God, Not man.
3. Two Passport Photos, **NOT A COPY OF YOUR PASSPORT**- Two passport photos, nothing else will be accepted. The quality of your ID card will depend on the quality of the photo you submit with your application.
4. Letters of Reference - Two letters of reference from someone that knows you and your efforts to help the suffering & needy.
5. Photocopy of Current driver's license or State ID Card - Identification must be verified, forward with your application a photocopy of your Current driver's license or State ID card. The quality of your ID Card will depend on the quality of the photo you submit.

Please read carefully: I am requesting basic chaplain status. For the initial donation of \$250.00 you will hold basic membership and ordination with RRCM as long as you are in good standing. Your initial donation covers document production, mailing cost, recording of all documents, and will help the stability and advancement of the ministry. You will receive the following.

1. Certificate of Membership with official seal & ribbons

2. Certificate of Ordination with official seal & ribbons

3. Certificate of Title as a basic chaplain with official seal & ribbons

4. Chaplain Photo ID card.

5. I am requesting basic membership and ordination. My donation of _____ \$250.00 for my basic membership and ordination is enclosed.

6. **Please Note:** Basic Chaplains who make a firm financial commitment of at least \$25.00 a month for the stability and advancement of RRCM, and keep their commitment, will have their membership automatically renewed as a Registered Chaplain each year.

8. This year I am making a monthly commitment of at least _____ \$20.00
_____ \$25.00 _____ \$45.00 _____ \$55.00 _____ \$65.00 _____ \$75.00 _____ \$100.00 _____
\$200.00 _____ \$300.00 _____ \$400.00 _____ \$500.00 for the stability and advancement of RRCM.

9. I cannot make a monthly commitment. I am making a one time donation of _____ \$25.00 _____ \$45.00 _____ \$55.00 _____ \$65.00 _____ \$75.00 _____ \$100.00
_____ \$200.00 _____ \$300.00 _____ \$400.00 _____ \$500.00 for the stability and advancement of RRCM.

Signature Is Required: _____ **Date:** _____

1. Unscriptural conduct, failure to maintain membership requirements in good standing, or doctrinal departure from the tenets of faith, shall be considered sufficient Grounds upon which any person may be disqualified and removed as a member. Such discipline shall be prayerfully administered according to Scriptures by the Governing Board of Directors (Matt. 18:15-17; Rom. 16:17; 1 Cor. 5:9-13; 2 Thess. 3:6). I understand that if I am ever charged with, accused of, investigated for, moved or removed because of, or transferred to another position because of alleged criminal and/or sexual and/or ethical misconduct that this document authorizes my employer or volunteer chaplaincy organization to release all information to RRCM or their designated investigating agency.

2. I fully understand that I am to submit an annual report of my chaplaincy activities and any education or training courses that I have taken each year at renewal time. Annual reports must be submitted with members renewal applications at time of membership renewal each year. By signing below I agree to all the above stipulation for membership with RRCM.

3. I certify that the above information is true to the best of my knowledge. I understand that RRCM will be relying upon this information to grant me approval regarding ordination, license and endorsement and I acknowledge that any significant and material misstatements made by me may be used as a reason to deny, reconsider or revoke my membership, license, ordination or endorsement. Should any of my responses to these statements change, I will immediately notify the Board of Directors of RRCM.

Signature Is Required: _____ **Date:** _____

Personal information is not published, sold or given to outsiders: All personal information given is strictly confidential; it is only used for confirmation of your endorsement and certification which is logged in our legally licensed membership ledger and recorded for duly authorized ministry verification purposes only. Any alterations to this form will cause it to be void and application will not be considered. In such case the application will be returned to the applicant along with any donations made for consideration for membership. In the event that an applicant is not approved, the applicant's donation will be returned to them in full.

For office use only

Date Application was received: _____

Date Application was reviewed: _____

Date vote was taken: _____

Email to Chaplain Brandi Dorres: _____

Approved on: _____

Disapproved on: _____

RRCM File No: _____

Signatures of Senior Staff Members reviewing application.

Chaplain: _____

Chaplain: _____

Chaplain: _____

RRCM is a faith based Christian Ministry of presence and Public Charity legally incorporated as a Nonprofit Corporation with Chaplains, Pastors, Priest and Ministers working worldwide as chaplains. The requirements and information required within this application shall be subject to change without notice. RRCM reserves the right to refuse membership, membership renewal, ordination, license or endorsement by directive of the board of directors of RRCM. All decisions made by the board of directors shall be binding and final.