

Ordination & Training (Attach copies of ordination certificate or license for ministry)

Faith Tradition _____ Denomination _____

Disaster Chaplaincy Training

___ I have no training.

___ I have training (check all that apply):

___ CPR ___ First Aid ___ Knowledge of Bloodborne Pathogens & Standard Precautions

___ American Red Cross ___ Cert ___ FEMA Crisis Counseling ___ CISM ___ NOVA

___ Psychological First Aid ___ Chaplain Experience ___ Incident Command System

___ Other _____

Areas of Competence/Specialization

___ Interfaith/Ecumenical ___ Ethnic Groups (specify) ___ Physical Disabilities

___ Refugee Resettlement/Persons Applying for Asylum/Immigrant Survivors of Violence

___ Specific Ages (specify) ___ Trauma ___ Addictions ___ Disaster/Crisis Response

___ Language Skills, including American Sign Language, and proficiency:

_____ Speak ___ Read ___ Write

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List any practical experience that you have had that has enhanced your competence as a pastor responding to a disaster:

Are you willing to serve in any area of the state? ___ yes ___ no

If not, what areas of the state are you able to serve? _____

What constraints are there on your availability to serve in this capacity?

Have you ever been convicted of any felony greater than a traffic violation or been subject to a fitness review by your congregation? ___yes ___no If yes, please explain:

Authorization Statement

I, (print name) _____

- Have no health conditions that prevent me from working as a disaster chaplain;
- Understand that my request to volunteer does not guarantee that my services will be needed;
- Assume responsibility to ask my congregation for leave in the event that I am called;
- Agree to follow incident command protocols;
- Understand that my participation as a Chaplain is subject to an annual review in order to maintain an up to date data base of active chaplains;
- Will do all that is possible to support local clergy – such as consulting them about the community culture, or providing respite for them:
- Give permission for a background check – Social Security # _____

Birthday _____

Signature _____ Date _____

Thank you for your collaboration in this important effort!

Please return to: Interchurch Ministries of Nebraska
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Lincoln, NE 68508
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