

Indiana Family and Social Services Administration
Division of Mental Health and Addictions
Office of Addictions and Emergency Preparedness and Response

Application for Disaster Chaplain

Please return to: Andrew Klatte, Assistant Deputy Director, Division of Mental Health and Addiction,
Office of Addictions and Emergency Preparedness and Response, 402 West
Washington St., W353, Indianapolis, IN 46204

The information on this application is strictly confidential and will be available only to authorized program personnel.

Name _____
Last First Middle

Home Address _____
Street City Zip

Home Phone (____) _____ Cell(____) _____

Work Phone (____) _____ Pager (____) _____

Personal E-Mail address _____

Gender ____ Female ____ Male Driver's License Type _____
Driver's License # / State _____

Please check all that apply to you:

<input type="checkbox"/> Bishop	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Regional/State/District Staff
<input type="checkbox"/> Congregational Minister	<input type="checkbox"/> Iman	<input type="checkbox"/> Seminary Student
<input type="checkbox"/> Lay Minister	<input type="checkbox"/> Licensed Minister (pastor, assoc, etc)	<input type="checkbox"/> Non-parish Minister
<input type="checkbox"/> Ordained Minister	<input type="checkbox"/> Pastoral Counselor	<input type="checkbox"/> Retired
<input type="checkbox"/> Rabbi	Other: _____	

Employment

Position (pastor, teacher, counselor, etc.) _____

Employer _____ Telephone(____) _____

Address _____ City _____ Zip _____

Other Employment

Employer _____ Telephone (____) _____

Address _____ City _____ Zip _____

Disaster Chaplaincy Training

___ I have no additional training

___ I have training (check all that apply)

___ CPR ___ First Aid ___ NIMS 100 ___ NIMS 200 ___ NIMS 700

___ American Red Cross ___ CISM ___ NOVA ___ Psychological First Aid

___ FEMA Crisis Counseling ___ Chaplain Experience ___ Cert

___ CPE ___ Other _____

Areas of Competence/Specialization

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

___ Refugee Resettlement _____ Specific Ages (specify) ___ Trauma

___ Addictions ___ Disaster/Crisis Response ___ Language Skills/Sign Language

_____ Speak ___ Read ___ Write

_____ Speak ___ Read ___ Write

Are you willing to serve in any area of the State of Indiana? ___ Yes ___ No

Are you willing to serve outside the State of Indiana? ___ Yes ___ No

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

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

Education (Name and Location of Institution)	Degree Received	Year
High School_____		
College_____		
Seminary_____		
Other_____		

Emergency Contact Information

Name_____Relationship_____

Home (____)_____Work(____)_____Cell (____)_____

Address_____City_____Zip_____

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 utilized;
- Assume responsibility to request and coordinate leave from my employer in the event I am called;
- Agree to follow incident command protocols;
- Will provide pastoral services (i.e. emotional support, communion, prayer, spiritual first aid, worship, etc.) to a variety of individuals including response team members and victims from different all faiths, religions, and/or denominations;
- Will perform other duties that may be required;
- Will not attempt to influence people to join my own faith tradition (proselytize);
- Will maintain confidentiality concerning those you provide spiritual care to. However child, elder, and/or domestic violence as well as circumstances where an individual is in danger to self or others (i.e. suicide) must be reported to the appropriate authorities and the team leader;
- Recognize my personal and professional limits/boundaries, and remain flexible;
- Will submit to a background check.

Signature

Date

