Support Officer Supplemental Application

Name: _____

Employment/Experience (Optional- Please feel free to attach a current resume or detailed employment history):

Current Employer: _____ Dates: _____
Address: _____ Position: _____
Past Employer #1: _____ Dates: _____
Address: _____ Position: _____
Past Employer #2: _____ Dates: _____
Address: _____ Position: _____

Do you have ministry experience? ☐ No ☐ Yes If yes, please complete the following:
Name of church or organization: _____ Position: _____
Denominational Affiliation (if any): _____ ☐ Ordained ☐ Licensed How long: _____
Do you have Ecclesiastical Endorsement as a Certified Chaplain? ☐ No ☐ Yes If yes, please explain:
_____

Have you ever been terminated from any position you have held? ☐ No ☐ Yes If yes, please explain:
_____

Have you served any organization as a Chaplain or Support Officer? ☐ No ☐ Yes If yes, please explain:
_____

Do you have experience as a first responder? ☐ No ☐ Yes If yes: ☐ Fire ☐ Law ☐ EMS ☐ Other: _____

Please list major areas of community service you are or have been involved with, noting length of service in each area:

Education/Training/Skills
Formal education (please show highest year of school completed and major areas of study):

Please list any special education or experience that you have received that could be used during an emergency services crisis intervention (counseling, PTSD diagnosis and treatment, Hospice, etc):

Other

Do you speak a foreign language? ☐ No ☐ Yes If yes, which language(s): _____

Do you drive? ☐ No ☐ Yes Do you have regular access to a car? ☐ No ☐ Yes

Have you ever been convicted of a crime other than a traffic violation? ☐ No ☐ Yes

If yes, what charge(s)? _____ Date convicted: _____ Where: _____

Why do you want to serve as a Support Officer?

References

Who referred you to the Support Officer program? Name: _____

Relationship: _____ Address: _____ Phone: _____

Please list two references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Zip Code	Phone	Relationship
1.				
2.				

Support Officers serve without any compromise of their theological convictions. However, they do minister independently and in most instances without traditional labels or distinctions. Many of those we serve do not embrace traditional Christian belief practices. Do you have any reservations or concerns that may cause you to hesitate working under these circumstances? ☐ No ☐ Yes

I authorize the Support Officer Coordinator to contact any references necessary in order to confirm my qualifications for and commitment to Community Care.

I certify my statements in this application are true, complete and correct to the best of my knowledge and belief.

I authorize a background check prior to my being accepted as a volunteer Support Officer.

Signature: _____

Date: _____