Community Chaplaincy Training

"Training ordinary Americans for extraordinary ministry"

Registration Form

Name: _____ , _____ _____
(Last) (First) (MI)

Address: _____

City, State, Zip Code _____, _____, _____

Home Phone #: ( ) _____ - _____ Daytime Phone #: ( ) _____ - _____

E-mail address: _____

Which training Conference(s) are you registering to attend?

Date(s): _____ Location(s): _____

What area(s) of chaplaincy ministry are you interest in being involved in?

- ❑ Healthcare ❑ Nursing Home ❑ Prison and Jail
- ❑ Marketplace ❑ Hope Mansion ❑ Other_____

How long have you been a Christian? _____

Do you agree with the attached Statement of Faith? ❑ **(Yes)** ❑ **(No)**

Home Church Name: _____ Location: _____

Pastor: _____

Are you a credentialed minister?

- ❑ Yes What denomination? _____
- ❑ No

Office Use Only

Registration Form	❑ Yes	❑ No	Staff _____
Registration Fee	❑ Yes	❑ No	Staff _____
Tuition	❑ Yes	❑ No	Staff _____
Data Entry	❑ Yes	❑ No	Staff _____
Statement of Faith	❑ Yes	❑ No	Staff _____
Pastor's Reference	❑ Yes	❑ No	Staff _____

Please mail completed registration form, signed statement of faith and registration fee of $50 to:

Chaplain Nathan Timmerman
Chaplaincy Ministries
2801 Prescott Lane
Seagoville, TX 75159