



NORTH AMERICAN BAPTIST CONFERENCE MILITARY CHAPLAIN APPLICATION

(Form updated September 2018)

Personal Information

Name: _____ Spouse Name: _____
Address: _____
SSN: _____ Date of Birth: _____
Home Phone: _____ Office Phone: _____
Home Email: _____ Office Email: _____
Church Website: _____

Education

Baccalaureate Degree _____
College/University: _____
City: _____ Graduation Date: _____
Seminary/Graduate Degree: _____
Seminary: _____
City: _____ Graduation Date: _____
Post-Seminary Studies/Degree: _____
Seminary: _____
City: _____ Dates: _____

Ordination

Date: _____
Church: _____
Church Denomination: _____
Address: _____
Date Ordination Recognized by Local NAB Church, Association, or Region (if not ordained in the NAB): _____

Current NAB Pastoral Assignment

Current Regional Minister: _____
Ministry Position: _____ Start Date: _____
Church: _____
Address: _____

Positions of Leadership since Seminary/Ordination

Church: _____
City: _____
Position: _____
Dates: _____

Church: _____
City: _____
Position: _____
Dates: _____

Church: _____
City: _____
Position: _____
Dates: _____

Request for Waiver

During the application process, the DOD will be conducting a security investigation. Are there any legal actions in your background (bankruptcy, misdemeanor drug offences, etc.) you would like to declare now?

NO YES

If yes, please detail: _____

Military Service

Date DD Form 2088 first submitted on your behalf: _____

Military Branch: _____

Original Commissioning Date: _____

Current Rank: _____

Date of Current Rank: _____

Current Unit: _____

Address: _____

Dates of Overseas Deployments: _____

I have read and understand the NAB Guidelines for Endorsement and the requirements of the Armed Service in which I desire to serve. I fully support the NAB's Statement of Beliefs and Affirmation of Marriage. To the best of my knowledge, I meet the standards to serve as a chaplain in the Armed Forces of the United States of America and would proudly represent the North American Baptist Conference.

Printed Name: _____ Date: _____

Signed Name: _____

Please return electronic or hard copy to the NAB endorsing official:

Rev. Harrison J. Lippert

Office Phone: (641) 868-2458

Cell Phone: (515) 518-6401

Email: harrison@steamboatbaptist.org

Mailing Address:

107 2nd Street, P.O. Box 127

Steamboat Rock, IA 50672

Website: nabconference.org/us/nab-chaplains