Interchurch Ministries of Nebraska Credentialing Application for Disaster Chaplain

The information on this application is confidential and will be available only to persons authorized to access data through this program.

PLEASE PRINT UNLESS DIRECTED OTHERWISE

Name		
Last	First	Middle
Home		
Address/City/County/Zip		
Home Phone ()	Cell ()	Pager ()
Personal E-mail address _		
Congregation		
Church Address/City/Cou	nty/Zip	
Church Phone ()	Fax ()	
Church E-mail address		
Gender:Female	Male Driver's License #/St	tate
GIVE US THE ONE E EVENT OF AN ACTU		U CAN BE REACHED AT IN THE
Daytime	Even	ing
EMERGENCY CONTAC	TINFORMATION:	
Name		Relationship
Phone	Cell Phone	_

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 Speak Read Write 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

 Have no health conditions that prevent me from working as a distribution. Understand that my request to volunteer does not guarantee that 	<u>*</u>
needed;	•
 Assume responsibility to ask my congregation for leave in the e Agree to follow incident command protocols; 	event that I am called;
 Understand that my participation as a Chaplain is subject to an maintain an up to date data base of active chaplains; 	annual review in order to
 Will do all that is possible to support local clergy – such as concommunity culture, or providing respite for them: 	sulting them about the
• Give permission for a background check – Social Security #	
Birthday	
Signature	Date

I, (print name)

Thank you for your collaboration in this important effort!

Please return to: Interchurch Ministries of Nebraska 215 Centennial Mall S. #411 Lincoln, NE 68508 e-mail to: im50427@alltel.net