MOBIS

MOUNT OLIVET BIBLE INSTITUTE & SEMINARY INC.

Chaplaincy Program

Application

(Please Print)

Name: _____

Home Address: _____

_____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Cell Phone: _____ Home #:_____

Email: _____

Are you a born-again Christian? _____

If yes, for how long? _____ **PLEASE NOTE**: People who have been saved less than two years are NOT eligible to seek chaplaincy with our organization.

Are you an ordained Christian minister? _____

Organization ordained By? _____

Why do you want to be a chaplain?

_____

_____

_____

_____

_____

_____

_____

_____

List any experience you have had in ministry

_____

_____

_____

_____

_____

_____

If you speak another language, please list: _____

REFERENCES:

Name of your local church: _____

Denomination: _____

Pastor: _____

Phone: _____

List three personal references (not family) who you have known for more than 3 years:

Name: _____

Relationship: _____

Phone: _____

Address: _____

Name: _____

Relationship: _____

Phone: _____

Address: _____

MOBIS

MOUNT OLIVET BIBLE INSTITUTE & SEMINARY INC.

Name: _____

Relationship: _____

Phone: _____

Address: _____

Statement Of Christian Testimony

(Tell us how you came to know Jesus as your Lord and Savior)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____