Messages of Faith Ministry Chaplaincy Division P.O. Box 60215 Las Vegas Nevada 89160-1215 702-401-7149 F: 547-9473 NV. State Inc.2001, Non-Profit 501c3 Email messagesoffaith@juno.com www.chaplaincynevada.org



NEW CLASS STARTS April 2012

24 Hrs. 6 hrs per day **April 21,22,28, 29**No-Fee - 2 week -Sat. & Sun. Training Only **BECOME A CHAPLAIN TODAY!**Lay Chaplain Training. Pathway to Ordination.



APPLICATION

Name:		Date:	
Address:			
City:	State:	Zip Code:	
Home Phone ()	Business Phor	ne ()	
Cell Phone ()	Fax:		
E-mail Address:			
Web site			
Date of Birth:	Age:	Gender:	
High School Graduate: [] Yes [] No	(Must be at least 18	yrs.)	
Marital Status: [] Single [] Married [[] Divorced [] Rem	arried [] Other	
Hair Color: Eye Color:	Height:	Weight:	
Current Driver License or State ID #:			
City:	State:		
Sheriffs Card: [] Yes [] No Numbe	r		
Metro Volunteer: [] Yes [] No			
Veteran: [] Yes [] No - Your Present	t Occupation:		
Student: [] Yes [] No Where:			

Church:	Denomination	
Are you credentialed for minist If so, what Church or Denomin	try? [] Yes [] Licensed [] Ordained [] NONE ation?	
How did you find out about us	?	
	naplaincy:	
[] Military [] Corporate [] Vio		
Have you ever been arrested? [] Yes [] No, Convicted of a felony [] Yes [] No	
If yes please explain where, wh	nen, and type.	
		Signature
		Date