

Chaplains Training Academy

Helping Chaplains to bring God's light to those who sit in darkness - Psalm 107:10-16

the Training Division of - **Only Hope Prison Ministries**

SEND TO: 5900 64th St. NE, #154, Marysville, WA 98270

phone (360)722-2429

e-mail: rich@OnlyHopePrisonMinistries.com

Enrollment is for 4 separate weeks study **Application Form** www.OnlyHopePrisonMinistries.com/academy-training

Last Name	First Name	M.I.	PLEASE PRINT CLEARLY		
Street Address					
City		State	Zip Code	Phone (where we can reach you in daylight hours) ()	
E-Mail Address (if you have one)				FAX number (if you have one) ()	
YOUR PRESENT MINISTRY				Name of Facility	
				Position	
Address		City		State	Zip Code
How long have you done this?	Basic responsibilities in the ministry				
Basic responsibilities in the ministry - continued		Who oversees your ministry?		Their phone number ()	
ARE YOU: ___ Ordained ___ Licensed ___ Commissioned		BY WHOM or WHAT CHURCH?			
Other (specify)					
ARE YOU: ___ Married ___ Single	ARE YOU A MEMBER OF A LOCAL CHURCH? ___ Yes ___ No	Name of Church body		Pastor's Name	phone number
<p>Please send two letters of recommendation from a church leader with this Application. Briefly describe your "call" or why you believe God directed you into chaplaincy or volunteer prison ministry.</p> <div style="text-align: right;"></div>					
form continues on back					
Please check the state campus you are interested in <input type="checkbox"/> So. Cal. <input type="checkbox"/> Northern Cal. <input type="checkbox"/> Florida <input type="checkbox"/> Illinois <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Other					

APPLICATION FORM - continued

Personal Testimony continued:

PLEASE PRINT CLEARLY

Please state briefly what you believe about God

Please state briefly what you believe about Jesus Christ

Please state briefly what you believe and teach about Salvation from sin - and specifically how a person is saved (use extra paper if necessary)

IMPORTANT TO NOTE The whole course takes at least 19 months to complete all 4 quarters & you must finish with 30 months maximum

Educational Background

High School graduate - Name of School, City and State

Bible Institute - Name of School, City and State

Did you graduate or complete the course?

write, "Yes" or "No"

College or University - Name of School, City and State

Did you graduate or complete the course?

write, "Yes" or "No"

Degree earned

Seminary - Name of School, City and State

Did you graduate or complete the course?

write, "Yes" or "No"

Degree earned

If accepted into the Chaplaincy Training Academy, I will complete all homework assignments in a reasonable amount of time (determined by the Director). I understand my financial part is \$115 for the first of four separate weeks including textbooks. I also understand that at any point during the course, I may be asked to leave the program if I am uncooperative in completing assignments or in any way disruptive to the whole of the group. I am enclosing a \$55 deposit*, to Only Hope Prison Ministries, which will be returned if I am not accepted and applied to my first quarter if I am accepted.

Signed _____ Date _____

*if you want to pay by credit card call (360)722-2429 for instructions

Revised 6/19/2024

**Please make checks out to "Only Hope Prison Ministries"
and send to: OHPM, 5900 64th St. NE, #154, Marysville, WA 98270**