



**MASCOUTAH POLICE DEPARTMENT**  
**CHAPLAIN APPLICATION**

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Special Interests and Skills:**

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How often are you available to volunteer? \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you used any illegal drug within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you abused prescription medication within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you abuse alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested? If so, Explain: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of: Misdemeanor? \_\_\_\_\_ Felony? \_\_\_\_\_

Have you ever been investigated by DCFS? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Education- List each institution attended:	Degree	Year
College:		
Trade School/Tech School:		
Seminary:		
Graduate:		
Employer Name:		
Address:		State/Zip:
City:		

What church do you belong to? \_\_\_\_\_ Denomination? \_\_\_\_\_

How long have you been active in this church? \_\_\_\_\_

What training do you have that qualifies you to be a chaplain, such as certificates, conferences, training, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be available for more training? Yes \_\_\_\_\_ or No \_\_\_\_\_

Would your governing board support your involvement with our police department?

\_\_\_\_\_

Are you available to be on call 24/7? Yes \_\_\_\_\_ or No \_\_\_\_\_

**PLEASE ATTACH A RESUME WITH THIS APPLICATION DETAILING YOUR EMPLOYMENT HISTORY FOR THE PAST 10 YEARS, DATES OF SERVICE AND JOB DESCRIPTION.**

**APPLICANTS WHO ARE FOUND TO HAVE INTENTIONALLY FALSIFIED OR OMITTED ANY INFORMATION FROM THIS APPLICATION WILL BE DISQUALIFIED FROM FURTHER CONSIDERATION.**

**UPON COMPLETION OF THE APPLICATION, PLEASE EMAIL THE APPLICATION AND ANY CORRESPONDENCE TO CHIEF SCOTT WALDRUP AT**

**[swaldrup@mascoutah.com](mailto:swaldrup@mascoutah.com)**

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

As a volunteer chaplain applicant for the Mascoutah Police Department, I realize a background investigation will be conducted. I hereby authorize the Mascoutah Police Department to access any and all public or law enforcement databases to accomplish this, to include being fingerprinted for an FBI background check.

Name (Print) Last, First Middle: \_\_\_\_\_

List ALL names you have used including maiden name: \_\_\_\_\_

Signature: \_\_\_\_\_