

Chaplaincy Commission
General Association of Regular Baptist
Churches 3715 N. Ventura Drive
Arlington Heights, IL 60004

Rev. Manning C. Brown
Director of Chaplaincy Ministries

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Lay Personnel Application for Ecclesiastical Endorsement for Community Service

Date of Application _____

For chaplaincy in what Community Service? _____

Have you notified your Pastor as to your interest in this chaplaincy ministry? _____

Does your local church support you in this endeavor? _____

1. Name _____
Last First Middle Initial

2. Phone _____ SS# _____

3. Address _____
Street City State Zip

4. Age _____ Date of Birth _____

5. Place of Birth _____
City State or Province Country

6. Citizen of U.S.? _____ If Citizen: (check one) _____
Natural born Naturalized Naturalization number

7. Marital status: Married () Single ()

8. Spouse's full name _____
First Middle Initial

9. Spouse's date of birth _____ Date of Marriage _____

10. If you have children, give name and date of birth of each:

- a. _____
- b. _____
- c. _____
- d. _____

11. Approximate date of receiving Christ as Savior : _____ Date of baptism: _____

12. Name and address of home church _____

13. Is home church in fellowship with the General Association of Regular Baptist Churches? _____

14. Do you subscribe without reservation to the doctrinal statement of the G.A.R.B.C.? _____

15. Are you in agreement with the Association's position on ecclesiastical separation? _____

16. Is your spouse in sympathy with your ministry in this community service chaplaincy? _____

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17. Academic training:

School	Dates	Degrees
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. In what Christian service have you been involved?

Name and Address of Church	Type of Service	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. References: (Give name and address; please do not list any family members.)

- a. Your Pastor _____

- b. A church leader _____

- c. An acquaintance _____

20 Do you use tobacco in any form? _____ Do you use alcoholic beverages? _____

21. Do you feel a definite call of God to this chaplaincy? _____

22. On what do you base this call? _____

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Doctrinal Statement

Please state in your own words your views on each of the following points of doctrine and give appropriate Scripture verses.

1. Do you believe in the plenary, verbal inspiration of Scripture? _____ Explain your answer.

2. How far do you recognize the authority of Scripture?

3. Do you believe in the Trinity? _____ If so, why?

4. State your beliefs concerning the person and work of Christ:
 - a. His incarnation

 - b. His virgin birth

 - c. His sinless life

 - d. His vicarious, substitutionary suffering and death

 - e. His resurrection

 - f. His ascension and present ministry

 - g. His second coming (give the two phases)

 - h. Do you believe in the pre-tribulation, mid-tribulation, or post-tribulation rapture of the Church?

5. What do you believe concerning

- a. the Person of the Holy Spirit?
 - b. His ministry to the unbeliever
 - c. His ministry to the believer
 - d. How do you distinguish between the baptism and the infilling of the Holy Spirit?
6. What is your evaluation of the present charismatic movement?
7. What do you believe concerning God the Father?
8. Concerning man:
- a. Is man the product of divine creation or of evolution?
 - b. Did evolution have any part in the creation of man?
 - c. Do you believe in the total depravity of man by nature?
 - d. Is man by nature totally estranged from God?
9. Concerning salvation:
- a. How is a person saved? Give several Scripture verses (reference only).
 - b. How would you lead a sinner to an acceptance of Christ as Savior?
 - c. Do you believe in the eternal security of the believer? _____ (Give three Scripture verses to support.)
10. Please state your attitude regarding personal separation of life.

Signed _____

Date _____