

Chaplaincy Commission

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

Rev. Manning C. Brown
Director of Chaplaincy Ministries

Phone (847) 585-0890
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Application for Ecclesiastical Endorsement for Community Service

Date of Application _____

For chaplaincy in what Community Service? _____

1. Name _____
Last First Middle Initial
2. Phone _____ SS# _____ Email _____
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
7. Marital status: Married () Single ()
8. Wife's full name _____
First Middle Initial
9. Wife's date of birth _____ Date of Marriage _____
10. Has either of you been divorced? _____
11. If you have children, give name and date of birth of each:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
12. Approximate date of receiving Christ as Savior : _____ Date of baptism: _____
13. Name and address of home church _____

14. Is home church in fellowship with the General Association of Regular Baptist Churches? _____
15. Do you subscribe without reservation to the doctrinal statement of the G.A.R.B.C.? _____
16. Are you in agreement with the Association's position on ecclesiastical separation? _____
17. Is your wife in sympathy with your ministry in this community service chaplaincy? _____

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18. Academic training:

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

19. In what Christian service have you been involved? _____

20. Are you ordained? _____ 21. If yes, by what church? _____
Name

Address

21. Date of ordination: _____ (Please submit copy of ordination certificate)

22. What Pastorates have you held?

Church and Address	Dates
_____	_____
_____	_____
_____	_____
_____	_____

(Two years pastoral or church-related Christian service required before ecclesiastical endorsement will be granted.)

23. References: (Give name and address; please do not list a family member.)

- a. Your Pastor _____
 _____ Email: _____
- b. A church leader _____
 _____ Email: _____
- c. An acquaintance _____
 _____ Email: _____

24. Do you use tobacco in any form? _____ Do you use alcoholic beverages? _____

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

26. On what do you base this call? _____

Enclose wallet sized photo Mail all documents and photos to:

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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. the gifts of the Spirit
 - e. 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 _____