

## Certification

Most Chaplain students seek to be Certified as a Chaplain. A person who is a Certified Chaplain, has achieved the certified status through our process of course study, demonstrated skill and commitment to Chaplaincy as a bridge between the secular and the spiritual. Certification indicates an official process of crisis intervention education and demonstration of skill.

This form is for the Certification of Chaplain Process.

A Certified Chaplain is recognized to have the official skills and values necessary to perform the tasks that Chaplains are called to and in particular crisis intervention and trauma care. Chaplains are appointed to serve in various institutions such as schools, prisons, hospitals, and other organizations that require their skills.

Each organization has specific tasks and guidelines that must be achieved to be able to be certified to perform the unique functions set aside for Chaplains. Living Shield Ministries believes that: ***A Chaplain** is a spiritually-called, crisis management **trained** individual who is certified by a chaplaincy organization. The chaplain's primary role is to provide emotional and spiritual care to people in crisis, in their place of crisis*, and is one who is of good moral character, and convinced that they have a divine calling to the position. Chaplaincy is looked at as a Samaritan ministry, because a chaplain serves outside the walls of the church. Chaplains are appointed to serve in various secular institutions such as schools, prisons, hospitals, hospices, law enforcement agencies, fire departments, and other organizations that require their skills.

Living Shield Ministries Certified Chaplains are certified to do the following: 1) To be a force-multiplier to the organization they are serving. 2) Respond to disasters when called upon, 3) Provide emotional and spiritual care (staying within their realm of training) to individuals who are in a state of crisis resulting from trauma and/or loss. Living Shield Ministries certification is not ordination which is higher position, based on the federal definition and with cooperation and recommendation of an ecclesiastical reference. Additionally, certification or ordination do not allow the individual to oversee or have authority over a church or any ecclesiastical organization.

To achieve the required skills, and to apply for certification, LSM has identified several courses that a student is required to attend and master the skills.

These courses are:

1. School of Chaplaincy (5-day)
2. Ministering to the Suffering (2-day)
3. The Grip of Grief & Trauma (2-day)
4. Crisis of Faith or Cry of Distress (2-day)
5. Providing & Applying Self (1 day)

At the completion of these courses, a student is required to have a Recommendation from someone in their faith foundation and fill out the Certification Recommendation Request attached to this packet indicating that the student is actively involved in their faith, and that they believe that the person is well suited to be identified as a Chaplain. In addition, applicants must successfully complete a background check.

Upon completion of these items, LSM will certify a person as a Chaplain, having met and demonstrated the required skills. The student will then be awarded a Certificate of Chaplaincy. The Certificate must be renewed every 5 years.

Living Shield Ministries certification does not allow the individual to oversee or have authority over any ecclesiastical organization.

# Certification —Steps to Follow

**PLEASE READ & FOLLOW ALL INSTRUCTIONS**

## Step One

Complete the required courses for Certification.

## Step Two

Complete this Certification package.

Be sure to sign the pages that ask for an Agreement.

Please **initial each page in the upper right-hand corner to show that you have read it.**

**PLEASE PRINT CLEARLY**

## Step Three

Send the required forms (**copy of Forms F, G, Agreement, & Recommendation**) to your Recommendation Reference /Leader. They will then need to sign the Agreement Form (page 17), fill out the Recommendation Form and send all of it to Living Shield Ministries

## Step Four

Submit the Background Check. Please follow the instructions on pages 4-5.

The cost for the Background Check is \$150.00 by check or on-line.

## Step Five

Send **your ENTIRE PACKET** (NOT JUST the signed and/or initialed pages) to:

Living Shield Ministries. PO Box 2736 Riverside, CA 92516

Or email to [contact@livingshield.org](mailto:contact@livingshield.org).

**No one will be considered officially certified until Living Shield Ministries receives the information from you, your recommendations, and from those who run your Background Check. Your application and all other information will be reviewed, and a personal interview may be required.**

## Step Six

Wait for notification from Living Shield Ministries that ALL paperwork has been received and processed.

## Step Seven

You will be sent an email letting you know that your background check was approved and that your Certificate is being issued to you. Make an electronic copy of the certificate to keep for safekeeping.

# Certification —Checklist

## Profile Checklist

Your Chaplaincy Certification packet must include all required documentation listed on this checklist. Please **DO NOT** submit incomplete packets. **Send the entire Certification Packet (excluding the recommendation portion) back to Living Shield Ministries.**

Please return this checklist with your application.

Use this checklist to ensure all components are complete and sent as one **COMPLETE** unit. As each section is completed initial next to the corresponding form.

INITIALS	FORM	DESCRIPTION
	<b>A</b>	Copy of Course Certificates of Completion
	<b>B</b>	Completed Certification Application
	<b>C</b>	Background Check Authorization Form to Living Shield Ministries
	<b>D</b>	Personal References
	<b>E</b>	Working with Minors
	<b>F</b>	Chaplain Code of Ethics (read and signed)
	<b>G</b>	Principles of Chaplaincy (read and signed)

## Additional Required Paperwork

	A <b>passport size photo</b> (electronic) emailed to <a href="mailto:contact@livingshield.org">contact@livingshield.org</a> <b>Subject Line Example:</b> Chaplaincy Certification Photo for Doe, John
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# National Criminal History Check—Instructions and Payment Options

## People Facts

### *Employment Screening and Background Checks*

Your Chaplaincy Certification requires a national (not local or state) criminal history report. People Facts will be conducting the background check.

#### **INSTRUCTIONS:**

- 1) Complete and sign the Authorization Form (page 6) allowing People Facts to perform your Background Check.

#### **PAYMENT OPTIONS:**

##### 1) *US Mail* . . .

Submit a check for \$150.00 to Living Shield Ministries. On the Memo line of your check, please write PF Background Check

- a. Mail check with your Authorization Form to:  
Living Shield Ministries, PO Box 2736, Riverside, CA 92516
- b. As soon as Living Shield Ministries receives your check and authorization, it will request People Facts to begin the background check.

##### 2) *On-Line*

Go to [www.livingshield.org/donate/](http://www.livingshield.org/donate/) and donate \$150.00. Make a note on the page that this is for a Background Check. The \$150.00 covers the donation fee.

- a. Mail your Authorization Form separately to Living Shield Ministries.
- b. Once Living Shield Ministries has received both the Authorization Form and the \$150.00, it will request People Facts to begin the Background Check.

*Note: Living Shield does not take credit cards other than through LSM's webpage.*



# Profile

## Form B

We are glad you desire to become Certified through Living Shield Ministries. We need to collect some personal information for this to take place. All information on this form will be kept strictly confidential, in a secure location, and will not be released without your permission.

### Contact Information

First Name	Last Name	Middle Name
Nickname or Maiden Name	E-Mail	Gender (circle one) Male      Female
Street Address	City, State, Zip	Date of Birth
Home Phone	Work Phone	Mobile Phone

### Experience

#### Work Experience (past 10 years)

<b>Employer 1</b>	Role	Length of Service Date: <b>From</b> ___/___/___ <b>to</b> ___/___/___
Street Address	City, State, Zip	Phone #
Contact Person		
<b>Employer 2</b>	Role	Length of Service Date: <b>From</b> ___/___/___ <b>to</b> ___/___/___
Street Address	City, State, Zip	Phone #
Contact Person		

#### Education

College	College Phone Number	Date: <b>From</b> ___/___/___ <b>to</b> ___/___/___ Last Name while attending _____
Street Address	City, State, Zip	Major: Degree: Associate / Bachelor / Master

#### Skills

Please list any special skills, abilities, or languages that may be used in your volunteer experience

**On a separate sheet of paper . . .** please list any **additional college(s)** you have attended / **address** of the college(s) / **phone#** to the college(s) / your **major** / any **Degree** you received / **date** of graduation / your **last name** while attending college.

# Profile

## Form B - (Continued)

### Personal Information

Marital Status (circle one)

Single   Engaged   Married   Separated   Divorced   Widowed

Spouses First Name

Spouses Last Name

### Church Involvement

What is Your Religious Affiliation?

What is Your House of Worship?

Street Address

City, State, Zip

Date First Attended:

Month \_\_\_\_\_ Year \_\_\_\_\_

Date last Attended:

Month \_\_\_\_\_ Year \_\_\_\_\_

### Emergency Contact Information

First Name

Last Name

Middle Name

Relationship

Home Phone

Work Phone

Mobile Phone

# Working with Minors—Guidelines

## Form C

Name: \_\_\_\_\_  
*(As it appears on your driver's license or id)*

We are glad you desire to become Certified through Living Shield Ministries. Some personal information is needed for this to take place. All information on this form will be kept strictly confidential, in a secure location, and will not be released without your permission.

### All fields on this form are required.

### Relationship Parameters with Minors

Relationship building, involvement, and contact with Living Shield Ministries and its participants are to be conducted within the Relationship parameters applicable to all Living Shield Ministries sponsored events. Exceptions may be granted for a specific event and are only made by Living Shield Ministries staff prior to the event in question.

1. \_\_\_\_\_ (Initial) . . . Chaplains with Living Shield Ministries are never allowed to have contact with minors individually or in groups outside of an event without authorization from Living Shield Ministries. This includes communication in person, email, instant messaging, text messaging, letters, phone, etc.
2. \_\_\_\_\_ (Initial) . . . Chaplains with Living Shield Ministries are never allowed to have one-on-one interaction with any minor, regardless of age or sex. There must be a minimum of three people present at all times (the third person cannot be another minor).

Pending prior authorization, my involvement and contact with children at any Living Shield Ministries event will be conducted within the pre-existing terms already established. I realize that any contact with children outside of the constraints of the Living Shield Ministries Relationship Parameters, or following my service, or termination from any Living Shield Ministries event could easily be misinterpreted by the child and his/her parents as still related to Living Shield Ministries. Should an accident or mishap occur in those circumstances, this confusion could possibly expose Living Shield Ministries and its staff to potential litigation and possibly jeopardize the ministry. Therefore, no contact is authorized without explicit permission from authorized Living Shield Ministries staff.

### Behavior Guidelines

1. \_\_\_\_\_ (Initial) . . . During any Living Shield Ministries event, I agree to: respect, cooperate with and follow the directions of the leadership of Living Shield Ministries; abstain from smoking, the use of alcohol, illegal drugs, and profanity; respect the personal property and space of others; use proper restraint in my conduct and attitude, and abide by all the event rules.
2. \_\_\_\_\_ (Initial) . . . I understand and agree that if I violate this Agreement in any way I:
  - a. May be subject to immediate dismissal from the current event and possibly lose my privileges to participate in any future Living Shield Ministries event(s); and
  - b. At my own expense, will reimburse, indemnify, defend and hold Living Shield Ministries, employees, and volunteers harmless from any cost, expense, obligation, claim, or liability resulting from such violation.



# Working with Minors—Waiver and Release

## Form C – (Continued)

### Volunteer Consent Waiver and Release

1. \_\_\_\_\_ (Initial) . . . In case of any medical emergency occurring while volunteering with Living Shield Ministries, in which personal judgment is impaired, I authorize approved and authorized Living Shield Ministries leadership to act as my agent to sign for consent to an anesthetic, medical, dental X-Ray, surgical diagnosis, or treatment and hospital care for me which is deemed advisable by them. This is to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act, or any dentist, at a hospital, or anywhere else. This authorization will remain in effect while I am enroute to and from, or involved in or participating in, any Living Shield Ministries program or event, unless revoked in writing by me and delivered to an approved authorized leader of Living Shield Ministries.
2. \_\_\_\_\_ (Initial) . . . I release and hold harmless Living Shield Ministries, its employees, volunteers, and any event facility from all actions, damages, or personal injuries which may occur. I understand in the event of a minor injury I may receive first aid treatment. If my personal judgment is impaired, I authorize event leaders to take whatever action is necessary for my personal safety and health.
3. \_\_\_\_\_ (Initial) . . . I give consent that photographs, and audio/video recordings during the event may be used by Living Shield Ministries for training, promotion, and fundraising.

My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in the Working with Minors is true and correct. A copy of this document is available upon request.

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

# Personal / Business References

## Form D

Name: \_\_\_\_\_  
(As it appears on your driver's license or id)

The applicant must be willing to provide three (3) references that are familiar with your work and/or volunteer experience (**clergy / chaplain / businessman / personal friend**). Please DO NOT include family members.

Reference #1		Relationship of Applicant
Name	E-Mail	
Street Address	City, State, Zip	
Phone (Home)	Phone (Cell)	

Reference #2		Relationship of Applicant
Name	E-Mail	
Street Address	City, State, Zip	
Phone (Home)	Phone (Cell)	

Reference #3		Relationship of Applicant
Name	E-Mail	
Street Address	City, State, Zip	
Phone (Home)	Phone (Cell)	

I authorize Living Shield Ministries to contact any references listed herein to verify all information and to obtain any and all information related to my character and volunteer performance. I release all listed references from any liability for information provided in good faith. I waive any rights to inspect information provided about me by any person or organization identified by me in this application or reference checks. My signature on this document confirms my understanding and agreement with the above statements and to my knowledge, the information contained in this Reference Sheet is true and correct.

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

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

## Form F

**Preamble** — I dedicate myself to conducting my ministry according to the ethical guidelines and principles set forth in this code of ethics, in order that my ministry may be acceptable to God, my service beneficial to the Faith community, and my life as a witness to the world.

### I. RESPONSIBILITIES TO SELF

- I will nurture my devotional life through prayer and meditation.
- I will maintain my physical and emotional health through regular exercise, good eating habits, and the proper care of my body.
- I will continue to grow intellectually through personal study, comprehensive reading, and attending growth conferences.
- I will manage my time well by properly balancing personal obligations, religious duties, and family responsibilities, and by observing a weekly day off and an annual vacation.
- I will be honest and responsible in my finances by paying all debts on time, never seeking special gratuities or privileges, giving generously to worthwhile causes, and living a Godly lifestyle.
- I will be truthful in my speech, never plagiarizing another's work, exaggerating the facts, misusing personal experiences, or communicating gossip.
- I will seek to be Spiritual in attitude and action toward all persons regardless of race, social class, religious beliefs, or position of influence within the church and community.

### II. RESPONSIBILITIES TO FAMILY

- I will be fair to every member of my family, giving each the time, love, and consideration for each need.
- I will understand the unique role of my spouse, recognizing that his or her primary responsibility is as a marital partner and parent to the children and secondarily as a chaplain.
- I will regard my children (and grandchildren) as a gift from God and seek to meet their individual needs without imposing undue expectations upon them.

### III. RESPONSIBILITIES TO WHOM I SERVE

- I will seek to be a servant minister of the organization I serve living by example through faith, love, wisdom, courage, and integrity.
- I will faithfully discharge my time and energies as a chaplain through proper work habits and reasonable schedules.
- In my administrative and chaplain duties, I will be impartial and fair to all.
- In my chaplain/spiritual counseling, I will maintain strict confidentiality, except in cases in which disclosure is necessary to prevent harm to persons and/or is required by law.
- In my visitation and counseling practices, I will be above approach in manner and appearance.
- I will not charge fees for weddings or funerals; but I will establish policies based on ministry opportunities, time constraints, and theological beliefs.

## Form F – (Continued)

### IV. RESPONSIBILITIES TO OTHER CLERGY

- I will endeavor to relate to all ministers/chaplains and other faith workers, especially those with whom I serve in my chaplaincy, as partners in the work of God, respecting their ministry and cooperating with them.
- I will seek to serve my minister colleagues and their families with counsel, support, and personal assistance.
- I will refuse to treat other ministers as competition in order to receive an honor or achieve statistical success.
- I will refrain from speaking disparagingly about the person or work of any other minister, especially my predecessor or successor.
- I will be thoughtful and respectful of all retired spiritual leaders.
- I will be honest and kind in my recommendations of other ministers for church positions or other inquiries.
- If aware of serious misconduct by a minister, I will contact responsible officials of that minister's church body and inform them of the incident.

### V. PASTORAL COUNSELOR CODE

- I will have a spiritual leader/counselor to whom I can turn for counseling and advice.
- I will be aware of my own needs and vulnerabilities, never seeking to meet my personal needs through my counselees.
- I will recognize the power I hold over counselees and never take advantage of their vulnerability through exploitation or manipulation.
- I will never become sexually or romantically involved with a client or engage in any form of erotic or romantic contact.
- I will demonstrate unconditional acceptance and love toward all counselees, regardless of their standards, beliefs, attitudes, or actions.
- If I am unable to benefit a client, I will refer him or her to another professional who can provide appropriate therapy.
- I will maintain good relationships with other counselors and therapists, informing them and conferring with them about mutual concerns.
- I will keep confidential all matters discussed in a counseling setting unless the information is hazardous for the client or another person or by law must be disclosed.
- I will offer my assistance and services to fellow chaplains and their families whenever needed.
- I will support and contribute to the ministry of my chaplaincy through personal counseling, seminars, lectures, workshops, and group therapy.

# Principle of Chaplaincy

## Form G

- I will respect the beliefs and traditions of my colleagues and those to whom I minister.
- I will work collegially with chaplains of religious bodies other than my own, as together we seek to provide as full a ministry as possible to our people.
- I will seek to support all colleagues in ministry by building constructive relationships wherever I serve, both with the staff where I work and with colleagues throughout the organization I serve.
- I will recognize that my obligation is to provide for the free exercise of religion for ministry to all members of the agency I serve, their families, and other authorized personnel.
- I will maintain a disciplined ministry in such ways as keeping hours of prayer and devotion, endeavoring to maintain wholesome family relationships, and regularly engaging in educational and recreational activities for professional and personal development.
- I will not disclose confidential communications in private or in public.
- I will show personal love for God in my life and ministry, as I strive together with my colleagues to preserve dignity, maintain discipline, and promote the integrity of the profession to which I have been called.
- I will hold in trust the traditions and practices of our religious body.
- When performing chaplain duties, I will only accept added responsibility if it does not interfere with the overall effectiveness of my primary ministry.
- I seek to provide chaplain care and ministry to persons of religious bodies other than my own within my area of responsibility with the same investment of myself as when I give to members of my own religious body.
- I will carefully adhere to whatever direction may be conveyed to me by my endorsing body for the maintenance of my endorsement.
- I understand as a chaplain that I will function in a pluralistic environment with chaplains of other religious bodies to provide for ministry to all personnel attached to the agency we are serving, including their families entrusted to my care as well as the community at large as appropriate.
- I recognize the special power afforded me by my Chaplain office. I will never use that power in ways that violate the personhood of another human being, religiously, emotionally, or sexually.
- I am faithful to my individual religious traditions and practices.
- I respect the right of others to hold spiritual beliefs and religious practices different from my own.
- I will cooperate and collaborate in the ministry.
- I am committed to the highest standards of morality and personal integrity.
- I am committed to professionalism in the performance of duty.
- I will hold in confidence any privileged communication received during the conduct of my ministry.
- I will defend my colleagues against unfair discrimination based on gender, race, religion, or national origin.
- I will respect the practices and beliefs of each chaplain I supervise and not require of them any service that would be in violation of the faith practices of their particular religious body.

Modified from National Conference on Ministry to the Armed Forces (NCMAF) 08/08/2010

# Agreement

## Form F – *Canon of Ethics*

By signing this page, you are indicating that you have read and agreed to Living Shield Ministries Canon of Ethics.

I, \_\_\_\_\_ (print your name)

have read and agree with Living Shield Ministries Canon of Ethics.

When representing Chaplaincy or Living Shield Ministries I will always endeavor to comply with the highest ethical, moral, spiritual and legal standards always being above reproach.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Form G – *Principles of Chaplaincy*

By signing this you are indicating that you have read and agreed to Living Shield Ministries Principles of Chaplaincy.

I, \_\_\_\_\_ (print your name)

have read and agree with Living Shield Ministries Principles of Chaplaincy.

When representing Chaplaincy, or Living Shield Ministries, I will always endeavor to comply with the highest ethical, moral, spiritual and legal standards always being above reproach.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Recommendation

Applicant,

The following pages are to be given to an individual for a recommendation. ALL YELLOW banned pages MUST be mailed to Living Shield Ministries by the individual.

Blessings,

*Living Shield Ministries*

### Submission Steps

- 1) Give the recommendation packet section (page 16) along **with a copy of Forms F, and G** in a **self-addressed envelope** to your recommendation **after you have read and signed the entire agreement**.
  - a. This lets your recommendation know that you agree with Living Shield Ministries Canon of Ethics, Principles of Chaplaincy.
- 2) Ask your selected recommendation to fill out page 16, and then mail their packet to:
  - a. Living Shield Ministries PO Box 2736 Riverside, CA 92516
  - b. Or email to [contact@livingshield.org](mailto:contact@livingshield.org)
- 3) Please mail a hard copy of ALL your information (including \$150 for background check) AT ONE TIME.
  - a. **E-mail** a passport size face picture to [contact@livingshield.org](mailto:contact@livingshield.org)
  - b. **You may also choose to email the packet to [contact@livingshield.org](mailto:contact@livingshield.org) and submit the amount through the donation application online indicating “background” on the submission.**
- 4) Once all requirements have been met and Living Shield Ministries has received packets from both you and your recommendation, Living Shield Ministries will begin processing your application.
- 5) If all requirements have been met, Living Shield Ministries will generate a Chaplaincy Certification Certificate for you. Otherwise, you will receive an email indicating the missing items.

# Recommendation Request

Living Shield Ministries is a Christian 501 (c) 3 organization devoted to providing purpose, presence, and peace through emotional and spiritual care before, during, and after crisis's.

\_\_\_\_\_ (print applicants name) has completed Living Shield Ministries five CORE Chaplaincy classes and is requesting Certification through Living Shield Ministries as a Chaplain.

Living Shield Ministries Chaplains are certified to do the following:

- 1) To be a force-multiplier to the organization they are serving.
- 2) Respond to disasters when called upon,
- 3) Provide emotional and spiritual care (staying within their realm of training) to individuals who are in a state of crisis resulting from trauma and/or loss.

Living Shield Ministries Chaplaincy Certification does not allow the individual to oversee or have authority over a church or any ecclesiastical organization.

We require that the applicant maintain spiritual accountability with their local faith foundation.

We are requesting that a person who has witnessed their personal service and walk in their faith, to please take a few moments of your time to answer the questions below on their behalf.

The applicant has attached a copy of their signed Canon of Ethics, and Principles of Chaplaincy.

Applicants Email \_\_\_\_\_ Applicants Phone \_\_\_\_\_

Your Name \_\_\_\_\_

Your Email \_\_\_\_\_ Your Phone \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

Have you observed this individual in service to others? How ? \_\_\_\_\_

Do you see the applicant as a spiritual person?     Yes     No

Understanding that Chaplaincy is a Samaritan ministry done outside the faith body, do you see the applicant able to faithfully perform such a ministry?     Yes     No

Do you recommend the applicant for a Chaplaincy Certification with Living Shield Ministries?     Yes     No  
(if no, please explain on reverse side).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date