



**Office of Formation and Leadership Development  
APPLICATION TO SERVE AS CHAPLAIN**

**APPLICANT INFORMATION**

Name:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Alternate Phone:

Type:

Email Address:

Date of Approval for Ordination in MCC or Date of Ordination:

Name of MCC/Congregation where you are an active member:

Verify that all of these items have been/are being submitted to the Office of Formation and Leadership Development (OFLD) along with this application:

A current resume

Official Transcripts

A 1-3 page paper outlining how this position furthers the mission/vision of MCC and fulfills your own calling.

A 1 page paper outlining how you intend to maintain/nurture your connection with MCC

Signature Page from this form, which must be signed by all parties in order for application to be complete. Each signatory may submit additional comments to the OFLD.

**INFORMATION ABOUT PROPOSED SITE OF AAA MINISTRY**

Name of Agency/Site:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Email Address:

Your Job Title:

Supervisor Name:

Supervisor Title:

Proposed Starting Date:

Full Time

Part Time

Hours per week:

Additional Details:

**SIGNATURES**

Signature of Proposed Supervisor/Agency Representative:

\_\_\_\_\_

Date:

Signature of Applicant:

\_\_\_\_\_

Date:

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Please print and return this form with original signatures to:

Metropolitan Community Churches, Office of Formation and Leadership Development

PO Box 50488

Sarasota, FL 34232

or electronically as a PDF (preferred) to [OFLD@MCCChurch.net](mailto:OFLD@MCCChurch.net)

**FOR OFFICE USE ONLY: ENDORSEMENT OF OFLD**

*This application for chaplaincy has been approved and this site will be considered the authorized AAA ministry for this applicant.*

Yes

No

Additional Comments:

Signature:

Date: