



COLLEGE OF CHAPLAINS (I.C.C.A-NIG.)

International Christian Chaplain Association
(I.C.C.A.), Seekonk, MA. USA

Word of Truth and Chaplaincy Outreach

RC 55961



...Raising God's Army for the End time wall-less Church



**CHAPLAINCY COLLEGE OF HEALTH TECHNOLOGY
AN AFFILIATE OF PLATEAU STATE COLLEGE OF
HEALTH TECHNOLOGY, ZAWAN**



COLLEGE OF CHAPLAINS, JOS

INTERNATIONAL CHRISTIAN CHAPLAINS ASSOCIATION, SEEKONK, MA. USA

ALL INFORMATION MUST BE COMPLETED

Full Name: _____ Date: _____

Last First

Residential Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone (____) _____

Business Phone (____) _____

E-mail Address: _____

Web Address: _____

Date of Birth: _____ Age: _____

Sex: _____

Marital Status: Single Married Divorced Widowed

Hair Color: _____ Eye Color: _____ Height: _____

Weight: _____

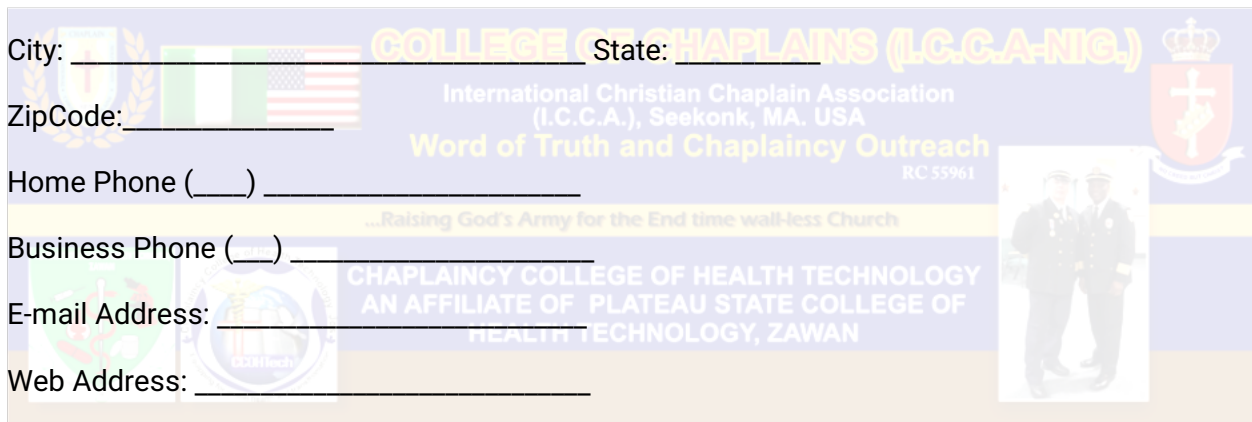
Next of Kin _____ Tel _____

Current Driver License or National ID No _____

State: _____

Veteran: Yes No: Current Position/Rank: _____

Branch of Military: Army Navy Air force OR Police : Para-Military :



Year of Service: _____ (If) Retired, Date of retirement: _____

Occupation: _____ Place of Employment: _____

Address of Employer: _____

Immediate Supervisor: _____ Contact Number: _____

Are you a licensed, endorsed or ordained chaplain? Yes No

If yes, what church or ministry are you ordained through? _____

Contact Number: () _____ ID#: _____

Are you in good standing? Yes No Is your membership current and valid?

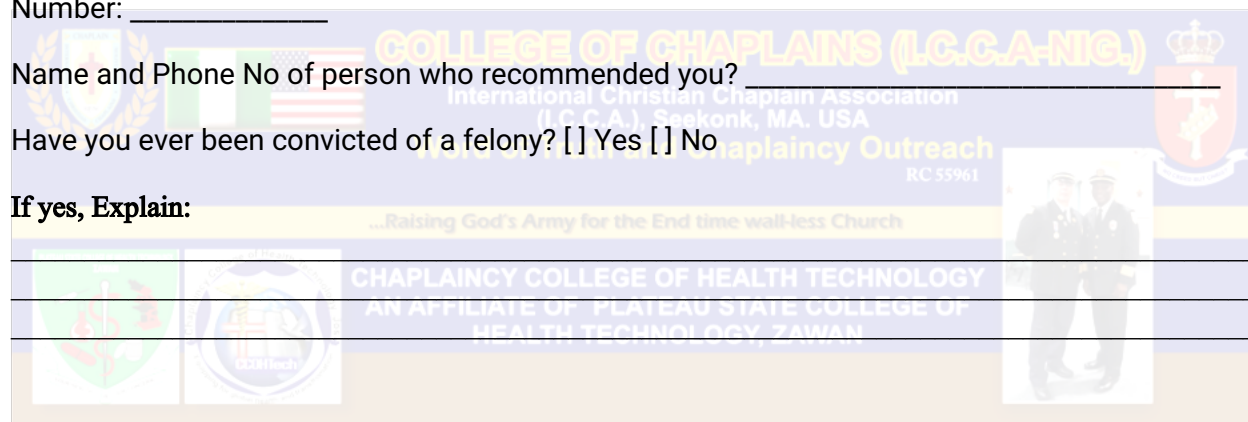
() Yes () No

Denomination/Pastor: _____ Contact Number: _____

Name and Phone No of person who recommended you? _____

Have you ever been convicted of a felony? Yes No

If yes, Explain:



REFERENCES

(No Family members accepted and **ALL** references must be verifiable)

Name: _____ Relationship: _____ Contact Number: _____

REQUIRED DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION

READ CAREFULLY: Applications will **NOT** be considered or processed unless completed in full and application is signed and dated. All required supporting documents must be attached prior to consideration. Process of application does **NOT** guarantee membership. Membership will depend on (verifiable) qualifications, background check and moral and ethical status of applicant.

MEMBERSHIP FEES

Initial membership fees:

If you have already received training in any of these specialized areas, membership fees will be N1000.00 for the first year and a N1500:00 renewals YEARLY

COUPLES N2500:00 a year and N5000.00 for 2 years

I hereby agree to the terms and conditions of membership Chaplain and The leadership and dedicated members of COC/ICCA believe in honesty, integrity and accountability.

In the event that an applicant is not approved or denied membership, the applicant's donation will be returned to them in full

Each member of COC/ICCA must renew their membership on or before the renewal date each year. Failure to renew will result in a Non-renewal status for the member. A renewal fee of N1000.00 per year will be required to maintain chaplain status with (if) a member commits to a monthly donation and keeps up with it each month, the renewal fee will be waived for the following year membership). **Initial Deposit Here:** _____

Unscriptural or unethical conduct, failure to maintain membership requirements and agreements, or doctrinal departure from the tenets of faith, shall be considered sufficient grounds upon which any member may be disqualified and removed as a member of the CO/ICCA (without exception).

Such discipline shall be prayerfully administered according to Scriptures by the governing board of directors (Matt. 18:15-17; Rom. 16:17; 1 Cor. 5:9-13; 2 Thess. 3:6). Members agree to the following: If any member is ever charged with a criminal act/sexual misconduct, impersonations or assault, ethical misconduct "Conduct unbecoming of a chaplain, minister or chaplain instructor" this document authorizes their employer or volunteer chaplaincy organization to release all information to CAC/CID/EFCC or their designated investigating agency.

I hereby certify that the above information is true and correct in agreement within this application for membership. When a member fails to meet the responsibilities upon which they

have agreed, then there is a need to hold the individual accountable. The purpose for accountability and discipline is to provide an opportunity for understanding, personal growth, and development.

Signature Is Required: _____ Date: _____

PAYMENT OPTIONS

MasterCard and Debit Card can be used for all donations.

Completed application with the required documents should be mailed to the address below or scanned and sent by email after you make your donation. No Application will be processed until our bank clears with us. New membership packages may take up to 3 to 5 weeks for delivery once received in our office. Applications must be sent in for processing within 30 Days from the date your donation was made. **(ALLOW 2 TO 5 WEEKS FOR THE DELIVERY OF TRAINING MATERIAL)**

Bank Account Number

Guarantee trust Bank

Account Name: Chaplain Akinsanmi Emmanuel

Current Account: 0108460475

Domiciliary Account: 0108460530

COLLEGE OF CHAPLAINS, JOS

International Christian Chaplains Association

Yan-Trailer, behind Coca Cola Depot, Bauchi Ring Road.

P.O.Box 188 GPO Jos, Plateau State, Nigeria.

Phone = +235-803-589-2801

Email: info@collegeofchaplains.com

Website: www.collegeofchaplains.com

Packets: All members will receive an ID card along with certificates of membership.

