



City of Cambridge Police Department

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WEB
www.cambridgepolice.org

Robert C. Haas
Police Commissioner

Richard C. Rossi
City Manager

Cambridge Police Chaplain Membership Application

I attest that I am a clergy member in good standing with a degree from na accredited institution or a certificate from a accredited course of instruction;

- 1. I am a person of faith, an active participant in my place of worship, and presently serve in the role of senior/lead clergy in my respective place of faith located the City of Cambridge;*
- 2. I possess a valid Massachusetts driver's license;*
- 3. I am not currently under indictment, on bail pending court, parole, probation, or in any way associated with any current criminal court proceeding as a potential defendant;*
- 4. I am willing to abide by the agreements stipulations as stated in the Memorandum of Understanding (MOU);*
- 5. I have not been found by a qualified medical professional to be unqualified for Chaplin service for reasons relating to mental health; and*
- 6. I agree to offer pastoral care to all people, regardless of race, gender, sexual orientation, national origin, creed, or religion. It is offered without cost or proselytizing.*
- 7. I authorize the Cambridge Police Department to run a criminal background check, including but not limited to a Criminal Offender Records check. I hereby agree to cooperate and provide any and all information necessary to complete same;*

Applicant's Full Name (Print Legibly): _____

Applicant's Signature: _____

Date: _____

PERSONAL INFORMATION

Last Name: _____		First Name: _____		M.I. _____
Home Address: _____		City: _____	State: _____	Zip Code _____
Work Address: _____		City: _____	State: _____	Zip Code _____
Email: _____		DOB: _____		Gender: _____
Last 4 Digits of SSN: _____		Religious Affiliation: _____		Spouse's Name: _____
Status (Complete those that apply):		Education: <u>Institution</u> <u>Degree</u> <u>Year</u>		
<input type="checkbox"/> Ordained - Year: _____	<input type="checkbox"/> Licensed - Year: _____	College: _____		
<input type="checkbox"/> Other (explain): _____ _____		Seminary: _____ _____		
		Graduate: _____		
Pastoral Ministry # of Years: _____	LE Chaplaincy # of Years: _____	Send training or other communication electronically: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of Religious Institution: _____		Address: _____		
City: _____		State: _____	Zip Code: _____	
<p>Have you ever been convicted of a felony offense or do you currently have a felony charge pending in any state or country? <i>If yes, please attach explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been the subject of a civil, criminal, or ecclesiastical complaint for sexual or criminal misconduct? <i>If yes, please attach explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has a complaint for sexual misconduct ever been sustained against you? <i>If yes, please attach explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever resigned or been terminated from a position for reasons related to sexual misconduct. <i>If yes, please attach explanation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

AREAS OF SPECIAL INTEREST

Please select the type(s) of outreach work you're interested in:

Homeless Outreach Mental Health Outreach Substance Abuse

Youth Outreach Elderly Outreach Peer Stress

Other Interests _____

Languages Spoken: _____

AFFIRMATION OF INFORMATION PROVIDED

I certify that the answers to the foregoing questions are true and complete to the best of my knowledge. I authorize the City of Cambridge to investigate all statements contained in the application as may be necessary to determine my fitness, skills and qualifications to serve as a Police Chaplain. I understand that false or misleading information given here or in interview(s) may result in rejection of this application or in my dismissal.

Applicant's Full Name (Print Legibly): _____

Applicant's
Signature: _____

Date: _____

CHAPLAIN IDENTIFICATION CARD REQUEST FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SS#: _____

D.O.B: _____ TEL. #: _____

Date of Appointment: _____

Authorization for Criminal History System Report:

(Applicant Signature)

Professional Standards Review • OFFICIAL USE ONLY

Reviewed by: _____ Date Reviewed: _____

Results/Recommendations: _____

Date Forwarded to Office of Commissioner: _____

Department Approval: _____

Employee ID #: _____ System Date: _____

Date Issued: _____ Issued by: _____