GEORGIA ASSOCIATION OF
LAW ENFORCEMENT CHAPLAINS



APPLICATION FOR EMERGENCY SERVICES
CHAPLAIN CERTIFICATION

Return to:

GALEC

P. O. BOX 2174

FORT OGLETHORPE, GA 30742

ENCLOSE A $25.00 CHECK FOR PROCESSING THE APPLICATION

THE FOLLOWING MUST BE COMPLETED BY APPLICANT

SUGGESTED QUALIFICATIONS FOR EMERGENCY SERVICES CHAPLAIN

1. Must be at least 21 years old.

2. At least a four-year degree in ministry related field or at least ten years in ministry related field.

3. Be an ecclesiastically certified person in good standing and endorsed for the public safety chaplaincy by a recognized religious body. He should have at least five-(5) years of active experience in ministry.

4. Shows a God-like compassion, understanding and love for others and relates easily to people.

5. Maintains high spiritual and moral standards.

6. Is willing to be carefully screened by a local public safety chaplaincy committee and/or appointed authorities.

7. Is willing and available to respond to any and all situations where a chaplain's presence is indicated.

8. Manifests a broad base of experience and professional ministry, emotional stability, and personal flexibility.

9. Be tactful and considerate in approaching all people, regardless of race, sex, creed, or religion.

10. Be willing to become involved in training programs that enhance his or her efficiency in meeting and dealing with people in crisis. A chaplain should be familiar with community medical, psychiatric and other helping resources in the local area.

11. Must never have been convicted of a criminal offense or offenses involving moral turpitude.

12. Must be willing to obtain chaplain credentials as a public safety chaplain through Georgia Association of Law Enforcement Chaplains or other similar training groups, and/or attain certificates in Crisis Intervention from accredited group, ie. International Critical Incident Foundation.

13. Must possess a valid Georgia driver's license or equivalent from a resident state.

GUIDELINES FOR CHAPLAIN CERTIFICATION

1- Must maintain active membership with GALEC by paying dues annually.

2- Must complete the 32-hour Basic Chaplain Training provided by GALEC. Must receive at least 8 hours of First Aid and CPR training.

3- Receive 40 additional hours of training from the chaplain's own local department. (See application packet for details)

4- Applicant must complete the Certification Packet with copies of all documents attached and submit it to GALEC for approval and certification.

5- Must have at least 20 hours of GALEC and/or chaplaincy/law enforcement related training each year. If training hours are not submitted in a timely fashion, the chaplain shall be placed on inactive status. Hours must be submitted no later than December 1st of the current calendar year to maintain active status. A signed attendance roster and/or a completion certificate will constitute credit being given.

6- At least every other year the training must be through the annual GALEC training.

7- ATTENDANCE POLICY: The student must attend at least 80% of each class and at least 80% of the total 32 hours of training.

8- Must maintain a working relationship with a local agency. If the chaplain should go a period of 12 months without a working relationship, his/her status shall be moved to inactive.

9- Be an ecclesiastically certified (ordained or commissioned) person in good standing and endorsed for the emergency services chaplaincy by a recognized religious body. Applicant must receive an endorsement from their ecclesiastical body or from their local church.

10- If the chaplain is a POST certified chaplain, he/she only need to complete the application and attach a copy of the POST certification. Pages 13-16, along with Field Training Exercises will not have to be repeated by the POST certified chaplain.

11- The chaplain can be exempt from retaking the Basic Chaplain Course if he/she applies for certification by **March 31, 2027**. After that date, all applicants must take the Basic Chaplain Course.

12- A chaplain may have his/her certification revoked for the following reasons:
- If he/she is convicted of a felony
- If he/she is found to be guilty of a moral failure

- If he/she fails to follow the guidelines to maintain GALEC certification

PERSONAL

_____ _____

_____

Last Name First

Middle

Address:

_____

Street City State

Zip Code

U.S. Citizen: Yes ☐ No ☐

Height: _____ Weight: _____ Hair Color: _____ Eye Color:_____

D.O.B. ___/___/_____ Sex: _____

CRIMINAL HISTORY Pursuant to GALEC, each applicant is required to disclose in the space below EACH AND EVERY arrest and/or citation which the applicant has received, along with the disposition of EACH AND EVERY arrest and/or citation. Dispositions include, but are not specifically limited to, dismissal, placement on a dead docket, nolle prosequi, finding or verdict of guilty or not guilty, plea of nolo contendere, treatment under the First O]ender Act, and bond forfeiture.

_____

_____

Signature

Date

CRIMINAL HISTORY (Misdemeanors, Felonies, Tra]ic)
(Write NONE if no Criminal Record)

Charge_____Date_____Location_____Disposition_____

_____

_____

_____

_____

_____

_____

Use Additional Sheet If Needed

PHOTO:

	MILITARY	

If none, check here ☐

Branch_____ From:
___/_____ To: ___/_____

mo. year **mo. year**

Type of Discharge_____
_____ If other than honorable, attach explanation.

ATTESTATION

I have personally reviewed the above section. I attest and affirm that the above information regarding my criminal and traffic history is complete and correct to the best of my knowledge. I further understand that any act of omission may be grounds for denial of this application for certification.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

_____
_____
Signature-Agency Head/Authorized Representative Date

_____
_____
Candidate's Signature Date

_____
Notary Public / Seal

I, (Full Name of Candidate)_____, certify that I am in good health, physically fit, and of good moral character and release the Georgia

Association of Law Enforcement Chaplains and any other official associated or connected with the training academy for liability in case of illness or accident.

This application will be valid for 12 months only. If not certified by that time, this application will be returned to my agency and a new application submitted according to GALEC guidelines.

_____

Candidate Signature

_____

Date

_____

Agency Head or Authorized Representative

CANDIDATE TRAINING AND CERTIFICATION

Agency Making Application: _____
Address: _____
Candidate is serving as a chaplain with this agency:
Yes _____ No_____
Date Interviewed: ____/___/____

Date of appointment: ___/___/____

A background investigation was completed by
_____(investigator) on ___/___/____. Candidate was found to satisfy requirements of GALEC.
The Candidate named on this application is recommended by me for certification as an emergency services chaplain pursuant to GALEC rules.

The background investigation revealed that this candidate has been engaged in the active ministry as a principal vocation in life for a minimum of two years.

From _____ to _____
(Date) (Date)

I, the undersigned agency head, do certify that I have vetted the candidate as to his/her moral character and have verified his/her ordination or commission.

Date: ___/___/_____ Signature: _____

Agency Head

PHYSICIAN'S AFFIDAVIT

I understand _____ is being considered for appointment as an emergency services chaplain. I have examined _____, and to the best of my knowledge this person is free from any physical, emotional or mental conditions which might adversely aTect this person's ability to perform the duties of an emergency services chaplain.

_____

Physician's Name (Please Print)

_____

_____

Address

_____

Physician's Signature

____/____/_____

Date

ATTACH LETTER OF ENDORSEMENT BY RELIGIOUS DENOMINATION HERE

ATTACH
VERIFICATION OF
ORDINATION/COMMISSION HERE

ATTACH BIRTH CERTIFICATE HERE

In lieu of a birth certificate, a valid Georgia's Drivers' License plus one or more of the following documents may be accepted:

a. Baptismal record

b. Draft card

c. Court records

d. Passport

e. Citizenship papers

f. Armed Forces discharge paper (DD214)

g. Certified Copy of school records

This identification must show the full name and date of birth of the applicant. In order to establish the place of birth, an applicant must also submit a signed, notarized statement indicating that he is a United States citizen if documents other than a birth certificate are furnished. Included in this statement must be the place, date, and county of birth. If the applicant is a naturalized citizen, a certified copy of the naturalization papers are to be sent with the statement.

ATTACH MILITARY DISCHARGE OR DD214
SHOWING TYPE OF DISCHARGE HERE

CERTIFIED DRIVER HISTORY ATTACH HERE

Must be original from Department of Public Safety

(Copies will not be accepted)

CRIMINAL BACKGROUND CHECK

ATTACH PRINTOUT HERE (ORIGINAL ONLY)

ATTACH CERTIFICATE FOR FIRST AID AND CPR (8 HOURS TOTAL)

ATTACH DIPLOMA FROM GALEC'S
BASIC CHAPLAIN TRAINING COURSE
(32 HOURS TOTAL)

DEPARTMENTAL GUIDELINES FOR
FIELD TRAINING EXERCISES
FOR EMERGENCY SERVICES CHAPLAINS

The current Chaplains Training Program was developed to include two components, a classroom training session of forty hours and field training exercise consisting of 40 hours. It is believed that this type of two-pronged approach benefits both the chaplain and the agency by providing some standardized state-wide and some local training specific to the needs of a particular geographic area.

The following topics will be provided by the sponsoring agency:

a) Communications – 4 hours

The Chaplain should spend four hours learning the specific communications system utilized by the agency. It is important for the Chaplain to be able to access and operate communication equipment in the event of an emergency.

b) Departmental Organization, Policy & Procedure – 4 hours

The Chaplain should have a working knowledge of the organization chain of command. Additionally, the Chaplain should be issued a departmental policy and procedure manual and be apprised of particular policies and procedures that will affect the Chaplain in the performance of the duties of police chaplain for that agency.

c) Victims Assistance – 4 hours

The Chaplain will become familiar with all services provided to victims within the geographic or political jurisdiction of the agency. Specific attention should be placed upon the victims of family violence, child abuse/neglect, developmentally disabled, homeless, rape, and other sex crimes.

d) Departmental Role of the Chaplain – 2 hours

The Chaplain will be made aware of the specific function that the sponsoring agency desires. Additionally, staff should likewise know the responsibilities and role of the chaplain.

e) Ride-a-long – 16 hours

The Chaplain will participate in **16 hours** of on-duty law enforcement experience as determined by the chief executive officer.

f) Overview of local detention facilities – 4 hours

The chaplain will visit and have a working knowledge of all detention facilities where the chaplain may be called upon for services. Likewise, detention facility personnel should be aware of the services and limitation of services the chaplain can provide.

g) Mentoring by experienced chaplain – 6 hours

The chaplain will have at least 6 contacts with a mentor chaplain or chaplains.

LAW ENFORCEMENT AGENCY

ATTESTATION OF CHAPLAINS FIELD TRAINING EXERCISE

TOPIC	HOURS	DATE	CHIEF EXECUTIVE SIGNATURE
Communications	4		
Dept. Organization Policy & Procedure	4		
Victim Assistance	4		
Dept Role of the Chaplain	2		
Ride-a-long	16		
Overview of local detention facilities	4		
Mentor Contacts	6		

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