

Good Samaritan International Chaplains



1068 E 94th Street
BROOKLYN, NY 11236
Toll Free 1-888-833-4608
Or 917-808-7455

EMAIL: admin@goodsamaritanchaplains.com
Website: www.goodsamaritanchaplains.com

APPLICATION (New Student/Renewal/Transfer)

PRINT CLEARLY

Please Check One *New Applicant* *Renewal* *Transfer*

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Date of birth MM/DD/YY _____ / _____ / _____ SS# _____

Height _____ Weight _____ Eyes _____ Hair _____

Please check One: US citizen _____ Green Card Holder _____ Other _____

Place of Birth _____

Cell _____ Home _____ Work _____

Email _____

Emergency Contact Name _____ Phone# _____ Relation _____

Place of Worship _____

Address of Church _____

Religious/Spiritual Leader Name _____

How did you find out about GSIC? _____

By signing below, I hereby authorize GSIC, its administration and any assignees to do a background check on me in regard to the validity of any and all documents I have, or may present to them, and my criminal history. I understand that any false information I may give on this entire application may cause my application to be denied.

Signature _____ Date _____

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ECCLESIASTICAL ENDORSEMENT

In reference to: _____ I hereby attest to being the above person's Spiritual/Religious leader OR one authorized to speak on behalf of the above reference person's Spiritual leader. I certify that the above referenced person is an active member of our church/place of worship in good standing. I give said person my full endorsement to take the required training mandated by the Good Samaritan International Chaplain and upon successful completion of such training, become a member of said organization. As the Spiritual/Religious leader of the above referenced person OR one authorized to speak on behalf of the above referenced person's Spiritual leader, I understand that should said person have to be disciplined, I will notify Good Samaritan International Chaplain immediately. I also understand that as the above referenced person's Spiritual/Religious leader OR one authorized to speak on behalf of the above referenced person's Spiritual/Religious leader, I may inquire about his/her progress as a volunteer chaplain with Good Samaritan International Chaplain, but will not be given access to his/her information and/or files. I understand that any personal information pertaining to the above referenced person can only be accessed and/or obtained by the written consent of said person. With this said I apply my name below, both in print and signature, along with today's date.

Spiritual/Religious Advisor's Signature _____ Date _____

Spiritual/Religious Advisor's printed name _____

Organization Name _____

Organization Telephone (_____) _____

Organization/Church Seal



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RULES & REGULATIONS

I agreed to abide by all rules and Regulations of Good Samaritan international Chaplains (GSIC), written/ verbal, including public institutions and all manner of authority including the law.

2. I agree to notify GSIC immediately of any infractions of law, any disagreement with my Ecclesiastical authority that led to disciplinary action.

3. I agree not to use credentials given me by GSIC as pass for access or to gain favor from officials or any person in authority, or access to any place or things. I agree that my credentials are the sole property of GSIC Organization.

Behavioral Screenings Questionnaire

Though a member of the clergy, Chaplains are required to be screened as the scope of their ministry is vast and may include settings with vulnerable individuals such as private homes and even public places for children. However, should anyone answer yes to any of the following questions, we will do our very best to ensure such a person is rehabilitated before rendering credentials.

Please Answer Yes or No to the following

1. Is there any action pending against you? _____
2. Are any charges of any kind open against you? _____
3. Have you ever been intimate with a minor? _____
4. Have you been ever actively involved with drugs at any level such as sale or addicted? _____
5. Have you ever had a restraining order or order of protection against you? _____
6. Have you ever been asked to leave a Church/Institution/Organization or other for any reason? _____

If you answered yes to any of these questions, please explain the situation on a separate sheet of paper.

Signature _____

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AUTHORIZATION TO CONDUCT CRIMINAL HISTORY CHECK

As part of the application for enrollment as a student and subsequent volunteer work with Good Samaritan International Chaplain, the following questions must be answered. All responses will be kept confidential and will be discussed only between the applicant and the GSIC administration.

1. Have you ever been CHARGED with a felony offense? ____ Yes ____ No
2. Have you ever been CONVICTED of a felony offense? ____ Yes ____ No
3. Has a RESTRAINING ORDER or an ORDER OF PROTECTION been filed against you? ____ Yes ____ No
4. Are you a REGISTERED SEX OFFENDER? ____ Yes ____ No

If YES, please provide details including date, location, arresting agency, charge and disposition:

I hereby authorize GSIC and its affiliates to conduct a standard check of law enforcement records on me. I understand this check will include but may not be limited to any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the GSIC application process. My consent is valid in perpetuity from the date signed below. I understand that my acceptance into the GSIC is not guaranteed and is at the discretion of GSIC.

Signature _____ Date _____

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AUTHORIZATION FOR CREDIT CARD USE

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN
All information will remain confidential

PLEASE CHECK ONE

- 6 WEEELKS TRAINING ----- COST: \$575.00
- RENEWAL -----COST: \$175.00
- TRANSFER-----COST: \$300
- GSIC SHIELD-----COST: \$150
- GSIC LAPEL PIN-----COST: \$15

PAYMENT PLAN

Initial Deposit (Due before class begins) _____ \$100

Week 2 _____ \$250

Week 4 _____ \$225

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CREDIT CARD PAYMENT INFORMATION **(Payment Accepted in Full or (Minimum \$100))**

Amount \$ _____ US\$

VISA OR MASTER CARD ACCEPTED (2.5% PROCESSING FEE APPLY)

Name as It appears on Card _____

Mailing Address on Account

Street _____ City _____ State _____ Zip _____

Card # _____ Exp. Date _____ CVC Code _____

I authorize GSIC to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Cardholder

Signature _____ Date _____

FULL PAYMENTS DUE BY WEEK 4

ABSOLUTELY NO CREDENTIALS GIVEN WITHOUT FULL PAYMENT- NO EXCEPTIONS

NO REFUND AFTER FIRST WEEK OF CLASS

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SHIELD AGREEMENT

I hereby agree that the shield is the property of Good Samaritan International Chaplains (GSIC) and that GSIC reserves the right to request the return of shields from any chaplain who violates the organization's rules.

Signature _____ Date _____

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PRINT CLEARLY

FULL NAME _____

DATE OF BIRTH _____

SIGNATURE _____

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APPLICATION CHECKLIST

1. ECCLESIASTICAL ENDORSEMENT (To be completed by your Pastor/Spiritual Leader)
2. NEW STUDENT APPLICATION (For New Students Only)
3. BACKGROUND CHECK (Please complete and sign)
4. RULES & REGULATIONS (Please Sign)
5. PAYMENT (Money Order Payable to Good Samaritan International Chaplains or Credit Card)
6. SHIELD AGREEMENT
7. 1 PASSPORT SIZED PHOTO (Digital photo from your phone accepted)

Mailing Address

MONEY ORDER PAYABLE TO:
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