

SPORTS CHAPLAIN NETWORK APPLICATION PACKET

We want to thank you for responding to the great need of reaching and discipling athletes. Being a sports chaplain to athletes is a high and very much needed ministry. Strong people who excel need someone who will tell them the truth, the good news! At the same time it is also a very challenging calling in a world where sports is the idol of choice. Please read this document carefully and prayerfully, asking God to speak to your heart as you consider applying to become a sports chaplain with the SPORTS CHAPLAINS NETWORK (SCN).

I. SCN ESSENTIAL JOB FUNCTIONS

When you have the privilege of being a sports chaplain (SC) it taxes every part of your being

Physical Functions:

- Must have good physical health. It also gains respect with athletes.
- Be willing spend time with the team. Quality time only comes with quantity of time.
- Be willing to visit in the homes, restaurants and pitch, court, field.

Emotional, Spiritual, and Mental Functions:

- Be a person of emotional and spiritual maturity.
- Always demonstrate a servant's heart. We are called to serve first.
- Be a good listener for extended periods of time.
- Focus on the emotional and spiritual care of others.
- Demonstrate God's love through compassion and care.
- Never allow your personal problems to affect your ministry to the brokenhearted.
- Be free of any medication that would impair your thinking or activity.
- Always be prepared to share God's hope.

II. CHAPLAIN BACKGROUND CHECKS

In accordance with SCN policy for all sports chaplains, all chaplain candidates must have a completed and approved background check by the SPORTS CHAPLAINS NETWORK. Please print, sign, and mail the attached "Applicant Disclosure and Consent Form" with your chaplain application. Please include a \$50.00 check, made payable to SCN, to cover the cost. On the memo line of the check, write "background check."

In summary, to become a SCN chaplain you need to:

- Agree to the essential job functions as outlined.
- Be willing to submit our doctrinal statement with no reservations.
- Be ready and willing to ethically raise support.
- Complete the application and background check consent form and mail them, along with the processing fee of \$50.00, to the address given on the application.

We are excited you are interested in becoming a part of the SPORTS CHAPLAINS NETWORK, to share God's love and grace with the athletes of today.

Ken Cross
Vice President



REFERENCES

For pastors who are applying, please include a spiritual mentor.

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

Name _____
Relationship and dates known _____
Address _____
City _____ State _____ ZIP _____
Daytime phone _____ E-mail _____

12. Please explain your philosophy of ministry and how you have been implementing that philosophy in the PAST 12–18 MONTHS.

13. Please explain your personal salvation experience in the Lord Jesus Christ. Be as clear as possible.



14. Please describe how you have grown spiritually since your decision to follow Jesus Christ.

15. Is there anything in your past that you have not become “blameless” or “above reproach” (Titus 1, 1 Tim. 3)? This is the first Biblical requirement of an elder.

16. Please include a résumé and picture with this application.

By applying for consideration as a SPORTS CHAPLAIN with the SPORTS CHAPLAINS NETWORK (SCN), I acknowledge my understanding and agreement that the selection of staff is at the sole discretion of SCN, based on its assessment of the overall qualifications of applicants and SCN's ministry requirements.

THE SPORTS CHAPLAINS NETWORK STATEMENT OF FAITH:

- We believe that Scripture consists of the 39 books of the Old Testament and the 27 books of the New Testament as originally inspired and given by the Holy Spirit. We believe that Scripture is infallible, inerrant, and to be received, read, believed and obeyed as the written Word of God.
- We believe Scripture reveals only one living and true God, who exists in the three persons of the Godhead: the Father, the Son and the Holy Spirit. These three are one God, the same in substance, equal in power and glory.
- We believe in the full deity and full humanity of Jesus Christ, in his virgin birth, his sinless life, his miracles, his substitutionary and atoning death, his bodily resurrection, his ascension to the right hand of God the Father, his present rule over and intercession for the Church, and his visible return in power and glory.
- We believe in the present ministry of the Holy Spirit, whose work of regeneration is essential for salvation. By the Spirit's sanctifying power, which indwells all believers in Christ, we are enabled to live godly lives of worship and service.
- We believe in the bodily resurrection of every person for the final day of judgment before the Lord Jesus Christ — the lost unto eternal punishment and the saved unto eternal life.

(SIGNATURE)

(DATE)

PLEASE MAIL THIS APPLICATION TO:

JON WEHNER
13415 Reese Blvd. West
Huntersville, NC 28078





APPLICANT DISCLOSURE & CONSENT FOR RELEASE OF INFORMATION FORM

Please print responses to the following required information:

Name: _____
(FIRST) (MIDDLE) (LAST)

other names used: _____

Gender: _____

Current street address: _____

Previous address (1): _____

Previous address (2): _____

Social Security number: _____

Driver's license, state of issue, and number: _____
(STATE OF ISSUE) (NUMBER)

Date of birth: _____ Place of birth: _____
(CITY) (STATE) (COUNTRY)

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR APPLICANTS

Please read the accompanying information carefully. This Disclosure and Consent Form has been provided to you by SPORTS CHAPLAINS NETWORK (SCN) to request a consumer report or investigative consumer report in connection with your application for association with or in connection with your continued association, whichever is applicable. An investigative consumer report may include information regarding your character, general reputation, personal characteristics, and mode of living, whichever is applicable.



DISCLOSURE STATEMENT

You, the sports chaplain applicant, acknowledge that SCN may now, or at any time while you are associated with SCN, verify information within your application, résumé, or other related documents. Such verification may include, without limitation, the following: driving records, workers compensation records, credit bureau files, employment references, personal references, educational and licensing institution records, and any criminal record information pertaining to you which may be in the files of any federal, state, local or foreign criminal justice agency.

The results of this verification process may be used to determine your eligibility for initial or continued association with SCN. All results will be kept confidential. The information will not be provided to parties other than designated SCN personnel, unless otherwise mandated by law.

In accordance with the Fair Credit Reporting Act, you are entitled, upon written request made within a reasonable amount of time, to receive a copy of a consumer report or investigative consumer report prepared by a consumer reporting agency and a disclosure of the nature and scope of the investigative consumer report, if applicable.

Your signature below indicates that (1) you have carefully read this Form and that you understand that a consumer report or investigative consumer report regarding you may be requested by SCN and reviewed for association-related purposes, including future decisions concerning your association or retention as a chaplain, as applicable, (2) that you understand that such consent will remain in effect indefinitely until you revoke it in writing, and (3) that you understand that you have the right to revoke such consent at any time.

CHAPLAIN APPLICANT’S CONSENT TO RELEASE INFORMATION

I, the Applicant, understand that in consideration of my application for association, or my continued association, with SPORTS CHAPLAINS NETWORK (SCN), an investigation may be conducted of my past employment and other activities. I authorize past employers, personal references, and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service, and credit history. I release all persons, including without limitation past employers, credit bureaus, and government agencies from any liabilities or damages related to furnishing such information.

In consideration of my application for association, or my continued association, with SCN, I hereby authorize SCN and/or their agents to conduct such an investigation, and release said companies, including without limitation their officers, directors, employees, agents, and representatives from all liability or responsibility for this investigation, which may include, without limitation, the gathering of information regarding personal, professional and educational references, credit or consumer investigations and histories, driving histories, professional license, civil and criminal history information that may be in the files of any local, state, federal, or foreign criminal justice agency.

A photocopy or telephonic facsimile (fax) of this Disclosure and Consent Form shall be valid as the original. I, the Sports Chaplain Applicant, do hereby certify that all of the information provided by me for the purpose of association consideration or continued association is true and complete to the best of my knowledge. I understand that any false statements may end consideration of my employment by SCN, or may be cause for dismissal if I am associated with SCN.

APPLICANT: _____ DATE: _____
(PLEASE TYPE OR PRINT NAME)

(SIGNATURE)

(PLEASE INCLUDE WITH THIS SIGNED FORM A CHECK IN THE AMOUNT OF \$50. PAYABLE TO SCN, AND NOTE ON THE MEMO LINE “BACKGROUND CHECK.” MAIL WITH APPLICATION FORM

CHECKLIST

MAILTO
JON WEHNER
13415 Reese Blvd. West
Huntersville, NC 28078



- Basic Information**
- Background Permission And Check For \$_____**
- Completed Application Resume**
- Resume And Picture**
- Agreement With Scn Doctrinal Statement.**
- Applicant Disclosure & Consent For Release Of Information**