

WISCONSIN STATE PATROL CHAPLAINCY PROGRAM 4822 MADISON YARDS WAY, 9TH FLOOR SOUTH, MADISON, WI 53705 DSP Chaplain Application

Name:		Birth	n Date:	/ /
Name: First Name Middle Initial	Last Name			
Address:				
City:	State:	Zip Code:		
Phone Numbers: Home:	Work:	Cell: _		
E-mail address(s):				
Driver's License Information (DL #/State):				
Church and/or ministry you are affiliated wi	th:			
Can you provide an ecclesiastical endorsement?			☐ Yes	□ No
Are you currently involved as a Law Enforcement Chaplain?			☐ Yes	□ No
If yes, please list:				
Are you a member of the International Conf	erence of Police Chap	olains?	☐ Yes	□ No
If yes, for how long?	_ If applicable, I	CPC Credential	Level:	
Are you currently a member of any other ch	aplaincy organization	s?	☐ Yes	□ No
If yes, please list:				
			/	/
Applicant's Signature			Date	
*DSP Chaplains are officially associated with the activities, events, and services which the DSP Ch				all functions,
*DSP Chaplains must possess the ability to work moral standards and treat all persons with respec				
*DSP Chaplains must be ordained or licensed or religious denomination at the time of appointments service.				
*The DSP Chaplaincy Program is completely volu V.C. states, "any chaplain candidate shall sub- and applicable chaplaincy background and qualifi Patrol." Please submit your "letter of interest" wi	mit a formal letter of intecations. The letter shall	erest describing th	he reasons fo	or application
	Office Use Only			
Applicant received a copy of DSP P&P 15-16 Applicant provided a Letter of Interest		☐ Yes ☐ Yes		No No
Applicant is Ecclesiastical Certified		☐ Yes		No

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☐ Yes

☐ Yes

□ No

☐ No

Applicant has a valid Driver's License

Applicant Background Check completed