



# WISCONSIN STATE PATROL CHAPLAINCY PROGRAM

4822 MADISON YARDS WAY, 9TH FLOOR SOUTH, MADISON, WI 53705

## DSP Chaplain Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*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 with: \_\_\_\_\_

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 Conference of Police Chaplains?  Yes  No

If yes, for how long? \_\_\_\_\_ If applicable, ICPC Credential Level: \_\_\_\_\_

Are you currently a member of any other chaplaincy organizations?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*DSP Chaplains are officially associated with the Wisconsin State Patrol and thereby may participate in all functions, activities, events, and services which the DSP Chaplaincy Program provides and/or participates in.**

**\*DSP Chaplains must possess the ability to work with all members of the public and shall maintain and display high moral standards and treat all persons with respect and dignity. DSP Chaplains will not discriminate in any way.**

**\*DSP Chaplains must be ordained or licensed clergy ecclesiastically certified in good standing by a recognized religious denomination at the time of appointment and shall maintain such standing for the duration of their active service.**

**\*The DSP Chaplaincy Program is completely voluntary and is guided by DSP Policy & Procedure. P&P 15-16, Section V.C. states, "any chaplain candidate ... shall submit a formal letter of interest describing the reasons for application and applicable chaplaincy background and qualifications. The letter shall be addressed to the Superintendent of State Patrol." Please submit your "letter of interest" with your application.**

Office Use Only		
Applicant received a copy of DSP P&P 15-16	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant provided a Letter of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant is Ecclesiastical Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant has a valid Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant Background Check completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No