

Congregational Christian Churches in Canada

**P. O. Box 463
Simcoe, ON N3Y 4L5
www.cccc.ca
4cnational@gmail.com**



CHAPLAIN QUESTIONNAIRE - 2022 -

2022 CHAPLAIN QUESTIONNAIRE

*** This Report is for Chaplain Activity in the Year 2021

*** Deadline for Return: Postmarked by February 28, 2022

Please read the following paragraphs carefully:

We appreciate your diligence in filling out this form. The satisfactory return of this questionnaire is required for renewal of all Ministerial Ordained, Ministerial Ordained, Licensed Ministers and Lay Ministers – see By-Law 1 Section 5.8(vi); 7.3(iii); 8.3(iii).

Failure to fully complete and return this questionnaire together with your credential renewal fee by **February 28, 2022** will result in subsequent follow-up from the Credentials Committee and possible loss of credentials – see By-Law 1 Section 10.4(viii), (x).

A **\$200.00** credential renewal fee is required for Ministerial Ordained, Licensed Minister and Lay Minister (not retired credential holders who are serving as Chaplains). Questionnaires and renewal fees post-marked AFTER February 28th will result in an additional **\$200.00 late administration fee.**

Please note: You are now required to submit a vulnerable sector police check with this questionnaire even if you are serving in a volunteer capacity. This is due to recent changes to our National Office Insurance Policy. Please do not return your questionnaire without this document. Military Chaplains are exempted from this requirement.

Last Name: _____

Given Names: _____ Date of Birth: _____

Name of Spouse: _____ Clergy Marriage Registration # (if applicable): _____

Street Address (Home): _____

City: _____ Province: _____ Postal Code: _____

Mailing Address (if different from Street Address): _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ E-mail: _____

Present Classification of Credentials:

Ministerial Ordained

Licensed Minister

Lay Minister

1. Please provide the name of the Chaplaincy or Institution you are currently serving:

Name: _____

Address: _____ City: _____ Prov.: _____

2. Length of time you have been in ministry there: _____

Is your Chaplaincy position: Volunteer
Part-Time
Full-Time

3. If you are currently employed by an agency for your Chaplaincy work, then you must provide proof of insurance from your employer. If you are a volunteer Chaplain, then your insurance is covered under the National Office's insurance policy.

Are you a volunteer Chaplain (covered under the National Office's policy?) Yes No

If you are NOT a volunteer Chaplain, have you attached a copy of this insurance policy or proof of insurance? We require only the page(s) giving the name of your insurance company and the liability coverage for abuse and counselling. Yes No

➤ **Please attach the policy or pages that reflect the coverage above to ensure your credential renewal. Have you enclosed your insurance documents?** Yes No

4. Are you in full agreement with the:

A. Articles of the 4C's? Yes No

B. Current By-Law 1 and Policies as amended? Yes No

Will you comply with A and B? Yes No

If you have answered NO to any of the above, please fully explain:

5. By-Law 1, Section 10.4(i to iv), and Policy 1 sets forth the conditions by which credential holders must be held accountable for their moral, ethical and doctrinal integrity. In light of this, please answer the following questions:

a. Are you currently involved in a relationship, questionable activity or addiction which if not properly addressed, will harm or destroy your ministry? Yes No

 i. If you answered “yes” to the above question are you receiving, or have you received any professional counselling/therapy at this present time or during this past year? Yes No

a. During the past year have you officiated at a same sex marriage, been involved with any criminal activity, participated in or have you been formally accused of any sexual misconduct such as adultery, child sexual/physical abuse, pornography, homosexual/lesbian activity, all of which are inconsistent and at odds with our Articles, By-Law 1 and Policies? Yes No

b. Are there any past or pending legal actions which might incriminate you in the future and cause the loss of your credentials? Yes No

If “Yes”, please describe in detail:

6. Have you made it your objective to be supportive of the CCCC and its aim to promote fellowship? – see By-Law 1 Sections 5.8(i-iii); 7.3(i-ii); 8.3(i-iii). This is a requirement to keep your credentials in good standing. Please indicate which events you have attended in the past year:

a) Annual National Conference Yes No

b) National Pastor’s Teleconference Calls Yes No

If you have answered “No” to a) or b) for this past year, you are required to attach a letter to this Questionnaire addressed to the Chair of the Credentials Committee explaining your reasons for not being able to attend these events. See By-Law 1 Section 5.8(ii); 7.3(i) and 8.3(i).

Have you enclosed your letter of explanation with this Questionnaire? Yes No

7. What courses or seminars have you attended this past year for your professional development? Please specify:

8. Do you understand the role of your National Board of Directors? Yes No

If No, would you like a member of the National Board to contact you? Yes No

9. How can the National Office and National Board serve you better?

10. Are you seeking a change from your current place of ministry? Yes No

If yes, what type of ministry are you seeking?

Have you enclosed your \$200.00 credential renewal fee? Yes No

Are you returning this form postmarked after the February 28th deadline? Yes No

If you answered YES, please submit an additional \$200.00 late fee.

Have you enclosed this fee? Yes No

Signature: _____ **Date:** _____