



San Francisco Police Department
Community Chaplaincy

APPLICATION COVER SHEET

Preferred Contact Info

Name: _____

Best Contact Method: (phone/email/text): _____

Denomination/Religious Affiliation: _____

Application Check List

- _____ SFPD Community Chaplaincy Cover Sheet
- _____ San Francisco Police Department Vital Information Form.
- _____ Letter of good standing (and if relevant permission to participate in the SFPD Community Chaplaincy) from an ecclesiastical superior or the relevant equivalent in your faith community.
- _____ Letter of recommendation from a lay member of your faith community.

Disclaimers

Please initial beside each of the following to show that you understand.

- _____ I understand that participation in the SFPD Community Chaplaincy is voluntary and I will not be compensated for my time.
 - _____ I understand that the SFPD Community Chaplaincy is a constitutional chaplaincy, providing neutral support to the full diversity of San Franciscans of all or no faith. SFPD Community Chaplaincy does not proselytize; we provide interfaith support during a time of crisis and refer individuals to others for longer term care.
 - _____ I understand that as a volunteer of the SFPC Community Chaplaincy I am expected to follow the ethics outline by the ACPE and the ICPC (which will be provided to me).
 - _____ I understand that it is my responsibility to ensure that others know that I am a volunteer and not an SFPD officer.
 - _____ I understand that I must return SFPC Community Chaplaincy supplies and uniform if I am no longer an active participant through: 1) my own choice; 2) the request of the SFPD Community Chaplaincy; or 3) due to inactivity.
-