



**APPLICATION FOR ENROLLMENT
NEW PERSPECTIVES--CORPORATE CHAPLAINCY
TRAINING PROGRAM**

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Licensed Practitioner Licensed Minister

Phone (include area code): Day : _____ Eve: _____

Cellular: _____ fax: _____ e-mail: _____

Social Security #: _____

Name/City of Church in which you are a practitioner or minister:

Date of original practitioner or ministerial license: _____

Why do you wish to complete the Corporate Chaplaincy Training Program?

Do you have experience in a corporation? If so, please write about it:

Interests and hobbies outside of your ministry:

What is your current family situation?

How do you balance family/work/ministry/practitioner life?

Please forward your application with a check for the enrollment fee of \$80 to:

**New Perspectives
Corporate Chaplaincy
P.O. Box 8033
Santa Rosa, CA 95407**

Enrollee's Signature: _____