



LUTHERAN THEOLOGICAL  
**SOUTHERN**  
S E M I N A R Y  
LENOIR-RHYNE UNIVERSITY

CERTIFICATION IN  
PUBLIC SAFETY CHAPLAINCY

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APPLICATION FOR ADMISSION

**CONTACT INFORMATION**

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Only if different than above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**PERSONAL & CHURCH INFORMATION**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

Are you ordained? \_\_\_\_\_ To what ministry? \_\_\_\_\_  
(Ordination is not required; ordination status does not impact your application)

Date and place of ordination: \_\_\_\_\_

In which denomination were you ordained? \_\_\_\_\_

Current church membership: \_\_\_\_\_

Denomination Affiliation: \_\_\_\_\_

Optional: Family Information (marital status, name of spouse, children): \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC INFORMATION**

List all undergraduate, graduate, and post-graduate institutions attended beginning with the most recent.

Institution	City/State	Dates: from/to	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROFESSIONAL HISTORY**

List all jobs held within the last 15 years.

Employer	City/State	Dates: from/to	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OTHER

Are you currently connected with a public safety agency serving as a chaplain? \_\_\_\_\_

(If you are not connected with an agency you will be contacted by Eric Skidmore to begin this process if admitted to the program.  
Endorsement from an agency is required prior to beginning the certification program.)

Name of Agency: \_\_\_\_\_ City/State: \_\_\_\_\_

Volunteer or Staff? \_\_\_\_\_ Supervisor/Contact Person: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby apply to be admitted as a student in the Public Safety Chaplaincy Certification Program at Lutheran Theological Southern Seminary and certify that all information on this application is true. I consent to a criminal background check as a part of the admissions process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_