

DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
ANSC 7069 (12-16)

UNITED STATES COAST GUARD AUXILIARY
AUXILIARY CLERGY SUPPORT (ACS)
APPLICATION

District/Region _____

Division _____ Flotilla _____

SECTION I – MEMBER DATA

MEMBER ID	NAME (Last, First, Middle Initial)	
STREET ADDRESS		CITY, STATE ZIP
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS

SECTION II – MEMBER STATUS

FLOTILLA COMMANDER NAME	FLOTILLA COMMANDER CONTACT PHONE	FLOTILLA COMMANDER EMAIL ADDRESS
-------------------------	----------------------------------	----------------------------------

Are you in good standing with the Auxiliary? YES NO

SECTION III – RELIGIOUS ORGANIZATION GRANTING ENDORSEMENT

RELIGIOUS ORGANIZATION GRANTING ENDORSEMENT		
---	--	--

SECTION IV – ECCLESIASTICAL ENDORSING AGENT

NAME	ADDRESS	
PHONE	EMAIL ADDRESS	

SECTION V – EXPERIENCE & CREDENTIALS

NO. OF YEARS MINISTRY EXPERIENCE	SOURCE OF ORDINATION/PROFESSIONAL CREDENTIALS	DATE OF ORDINATION/PROFESSIONAL CREDENTIALS
----------------------------------	---	---

SECTION VI – MINISTRY WORK EXPERIENCE

Position 1 (Most Recent)		Position 2	
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
START DATE	END DATE	START DATE	END DATE
FORMAL JOB TITLE		FORMAL JOB TITLE	
DUTIES		DUTIES	
NAME OF SUPERVISOR		NAME OF SUPERVISOR	
AVERAGE HOURS PER WEEK	PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE HOURS PER WEEK	PAID POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION VII – PRIOR SERVICE AS CHAPLAIN FOR DOD OR FEDERAL AGENCY

PRIOR CHAPLIN SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE OR AGENCY	START DATE	END DATE
---	-----------------------------	------------	----------

SECTION VIII - ACADEMIC INFORMATION: UNDERGRADUATE AND GRADUATE

Undergraduate		Graduate	
UNDERGRADUATE SCHOOL NAME		GRADUATE SCHOOL NAME	
UNDERGRADUATE SCHOOL CITY, STATE		GRADUATE SCHOOL CITY, STATE	
MAJOR	GPA	MAJOR	GPA
DEGREE	COMPLETION DATE	DEGREE	COMPLETION DATE

SECTION IX - CLERGY RELATED TRAINING

LIST TITLES AND COMPLETION DATES OF TRAINING COURSES RELEVANT TO ACS.

SECTION X - APPLICANT MOTIVATIONAL STATEMENT

WHY DO YOU DESIRE TO SERVE AS ACS?

SECTION XI - ADDITIONAL INFORMATION

INSTRUCTIONS

1. **GENERAL** – All applicants for Auxiliary Clergy Support must complete this form.
 - a. Read all instructions carefully.
 - b. Use blue or black ink for completing the written portion of the form.
2. **FLOTILLA NUMBER** – Enter the Division and Flotilla number the applicant is affiliated with in the area in the upper right corner next to the form name.
3. **SECTION I – MEMBER DATA** – To be completed by the applicant.
 - a. MEMBER ID: Enter the Auxiliary member number
 - b. LAST NAME, FIRST NAME, MIDDLE INITIAL and SUFFIX: Enter full legal name
 - c. STREET ADDRESS – Enter current residential street address
 - d. CITY: Enter name of city where address is located. If residence is outside the United States, also enter the country.
 - e. STATE: Use the official two-letter postal code. Leave blank if outside the United States.
 - f. ZIP+4: Enter the full 9 digit ZIP code. Leave blank if outside the United States.
 - g. HOME PHONE: Enter the area code and telephone number(s) or N/A as applicable.
 - h. MOBILE PHONE: Enter the area code and telephone number(s) or N/A as applicable.
 - i. EMAIL ADDRESS: Enter the primary email address if available.
4. **SECTION II – MEMBER STATUS**
 - a. FLOTILLA COMMANDER NAME: Enter the name of the Flotilla Commander
 - b. FLOTILLA COMMANDER CONTACT PHONE: Enter the area code and telephone number(s).
 - c. FLOTILLA COMMANDER EMAIL ADDRESS: Enter the primary email address if available.
 - d. ARE YOU IN GOOD STANDING WITH THE AUXILIARY?: Good standing means being current with respect to annual dues and Auxiliary Mandated Training (AUXMT), and not subject of any investigation or disciplinary action.
5. **SECTION III – RELIGIOUS ORGANIZATIONAL GRANTING ENDORSEMENT**: Enter the name of the Religious Organization that will grant endorsement for the applicant.
6. **SECTION IV – ECCLESIASTICAL ENDORSING AGENT**
 - a. NAME: Enter the name of the individual who has been designated by the Religious Organization to act as an Ecclesiastical Endorsing Agent to the Armed Forces Chaplains Board to include authority to grant and withdraw ecclesiastical endorsement.
 - b. ADDRESS: Enter the address to include the city, state, and zip code.
 - c. PHONE: Enter the area code and telephone number(s).
 - d. EMAIL ADDRESS: Enter the primary email address if available.
7. **SECTION V – EXPERIENCE & CREDENTIALS**
 - a. NO. OF YEARS MINISTRY EXPERIENCE: Enter the number of years of ministry experience completed.
 - b. SOURCE OF ORDINATION/PROFESSIONAL CREDENTIALS: Enter how clergy ordination or professional ministerial credentials were obtained.
 - c. DATE OF ORDINATION/PROFESSIONAL CREDENTIALS: Enter the date ordination/professional credentials were obtained.
8. **SECTION VI – MINISTRY WORK EXPERIENCE**: Enter the most recent ministry work experience under Position 1 and other previous experience under Position 2. If more space is needed and/or the applicant has additional experience, information can be entered under SECTION XI - ADDITIONAL INFORMATION.
9. **SECTION VII – PRIOR SERVICE AS CHAPLAIN FOR DOD OR FEDERAL AGENCY**: Indicate whether the applicant served as a chaplain for the Department of Defense (DoD) or a Federal Agency and the dates of service.
10. **SECTION VIII – ACADEMIC INFORMATION: UNDERGRADUATE AND GRADUATE**: If no GPA was established by the school, enter "N/A." If more space is needed, information can be entered under SECTION XI.
11. **SECTION IX – CLERGY RELATED TRAINING**: Enter any training completed relevant to the duties of ACS (e.g. clinical pastoral education, suicide prevention training, etc...).
12. **SECTION X – APPLICANT MOTIVATIONAL STATEMENT**: Enter why the applicant desires to serve as ACS.
13. **SECTION XI – ADDITIONAL INFORMATION**: Enter any additional information pertinent to ACS application.