

SA15 Appendix 2

CERTIFICATE OF RELIGIOUS/SPIRITUAL GROUP ENDORSEMENT

(To be printed on original letterhead of endorsing group)

This is to certify that I have been informed of the application being made by _____
(Name of Applicant)
_____ for appointment as a Chaplain.

The above-named applicant is an ordained/commissioned/ _____ person in _____
(Other designation)
_____ and is in good standing.
(Name of the religious/spiritual group)

The _____ have met with him/her and endorses him/her as a
(Appropriate person(s) or committee in our faith group)

suitable person for ministry within our religious/spiritual faith group and for multi-faith public ministry. This endorsement includes verifying the applicant's education credentials, theological studies, supervised pastoral education, and religious/spiritual training by contacting spiritual advisors/supervisors as referenced and on file by the applicant below.

Spiritual Advisor/other person who will attest to the religious/spiritual maturity of the applicant:

(Name) (Position/Title)

(Name of Organization)

(Address) (Postal Code)

(Phone) (Email)

Spiritual Supervisor who will attest to the applicant's clinical abilities:

(Name) (Position/Title)

(Name of Organization)

(Address) (Postal Code)

(Phone) (Email)

If selected for Chaplaincy, our religious/spiritual group supports approval for his/her involvement in the Algonquin College Spiritual Centre and we will retain responsibility for his/her Practice of Leadership; including compliance with the Professional Ethical Standards, Oaths, and/or Statements of Faith and Allegiance of our religious/spiritual group.



Attached please find the following documentation demonstrating the need for religious/spiritual services by the applicant on behalf of _____
(Name of religious/spiritual group)

Enter titles of attendance forms, letters of support, etc.

The _____ to which he/she is now responsible
(Appropriate person(s) or committee in our religious/spiritual group)
in the structure of our group will meet with him/her every _____ to support his/her work.
This endorsement is renewable every five (5) years or, whenever situationally required.

Date

(Authority, signature)

(Religious/Spiritual Authority's name, printed)

(Address)

(Postal code)

(Phone)

(Fax)

(Email)

Please note: It is the responsibility of an individual chaplain and/or endorser to inform the College in a timely fashion of any changes to a chaplain's religious/spiritual group endorsement status, or of other matters that might have a bearing on their suitability for chaplaincy.

Please return to:

Ben Bridgstock, Manager, Counselling Services
Algonquin College
1385 Woodroffe Ave.
Ottawa ON K2G 1V8
Phone: (613) 727-4723, ext. 2925
Email: bridgsb@algonquincollege.com