

SA15 Appendix 1

Request for Authorization to Engage in the Algonquin College Spiritual Centre

Algonquin College interviews and approves persons who wish to provide religious services and spiritual care in multi-faith environments. Based upon your training, experience, and the endorsement of your faith group, you will be assessed as to your suitability for such a volunteer position.

You are asked to complete this application form. If there are questions you are unable, or choose not to answer, please state the reasons. If you need more space, please feel free to attach paper to this form.

1. **NAME:** _____

2. **ADDRESS:** _____

(Postal Code)

3. **EMAIL** _____

4. **PHONE:** () _____ () _____
Business Home
() _____ () _____
Fax Cell

5. **LANGUAGES SPOKEN PROFICIENTLY:** _____

6. **ORDAINING/COMMISSIONING AUTHORITY (If applicable):**

(Date)

7. **FAITH GROUP AUTHORITY:** _____
(Name)

(Address)

(Postal Code)

8. **EDUCATION:**

College or University:

Name and Location	Dates Attended	Post-Secondary
	From To	Degree Completed

Major Subject: _____

Theological and/or Post-Graduate Studies:

Name and Location	Dates Attended		Post-Secondary Degree Completed
	From	To	

Supervised Pastoral Education: List in chronological order your four (4) most recent units of S.P.E. (either P.C.E. or C.P.E.)

Centre	Level Basic/Advanced	Dates Attended		Supervisor
		From	To	

Faith Group or Religious Training:

Name and Location	Dates Attended		Courses Completed
	From	To	

9. OTHER RELATED EXPERIENCES THAT QUALIFY YOU:
(Please describe - use additional pages, if required):

10. Authorization

Pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, I (print name in full) _____ authorize Algonquin College and its staff to contact the person or organizations listed below for the purposes of obtaining reference information.

11. REFERENCES:

A. Spiritual Advisor or other person who will attest to spiritual/religious maturity:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(Postal Code)

(Phone)	(Email)

B. S.P.E. Supervisor or other person who will attest to clinical abilities:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(Postal Code)

(Phone)	(Email)

C. The person to whom you have sent the certificate of faith group endorsement:

_____	_____
(Name)	(Position/Title)

(Name of Organization)	

(Address)	(Postal Code)

(Phone)	(Email)

12. FAITH HISTORY

Please briefly answer the following questions.

- A. Give a brief background of your religious affiliation and personal faith development.

- B. Describe a personal understanding of a belief that comes directly from your faith tradition and how that belief has changed for you over time.

- C. Describe some of the cultural practices of your faith group or community and their significance and meaning for you.

- D. How do you deal with your faith group's stance concerning other faith groups, when it is in conflict with your personal beliefs?

CERTIFICATE OF ENDORSEMENT

If you are applying for chaplaincy membership, please send Appendix 2, "Certificate of Religious/Spiritual Group Endorsement" to the faith group authority indicated in Appendix 1 #7. Please have your faith group authority complete the form and return it to:

Doug Stringer, Manager, Counselling Services and Spiritual Centre
Algonquin College
1385 Woodroffe Ave.
Ottawa ON K2G 1V8
Phone: (613) 727-4723, ext. 6465
Email: stringd@algonquincollege.com

I hereby declare that, to my knowledge, the foregoing information is true and complete, and if authorized to volunteer for Algonquin College's Spiritual Centre, I approve my credentials and a brief biographical information be publicized in College communications regarding the Spiritual Centre.

(Date)

(Signature of Applicant)

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:

Doug Stringer, Manager, Counselling Services and Spiritual Centre
Algonquin College
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Ottawa ON K2G 1V8
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Email: stringd@algonquincollege.com