



**REGISTRATION FORM  
Disaster Chaplain Training**

**Training Date:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

**Please provide the following information:**

**GENERAL INFORMATION:**

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

Address: \_\_\_\_\_  
Street City State ZIP

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Faith Community: \_\_\_\_\_

Local House of Worship: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

**PRIOR EXPERIENCE (FOR RELIGIOUS LEADERS ONLY)**

**General** Chaplaincy/Spiritual Care (hospital, military, uniformed services, education, other):

Where: \_\_\_\_\_ # years \_\_\_\_\_

**Disaster** Chaplaincy/Spiritual Care:

Where: \_\_\_\_\_ # years \_\_\_\_\_

**PRIOR TRAINING:** Chaplaincy/Emotional & Spiritual Care

Where: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

**ENDORSEMENT OF FAITH COMMUNITY**

Credential/Certificate/Letter of Recommendation: \_\_\_\_\_

Endorsing Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Information: \_\_\_\_\_

## TRAINING OBJECTIVES

The Caregiving Curriculum assumes that you already have experience as a provider of spiritual and emotional care within a religious context. Disaster Chaplain Training is for chaplains and other credentialed religious leaders and caregivers with experience in counseling/crisis intervention who want to build their capacity to serve as responders within their own communities or on deployment to disaster sites.\*

**Please check which level of service is appropriate for you:**

\_\_\_ **Level 1:** Provide disaster chaplain services within my own faith community

\_\_\_ **Level 2:** Volunteer as a Disaster Chaplain, deployed by a local credentialing organization

\_\_\_ **Level 3:** Professional development for emergency manager/disaster mental health

**GUIDELINES:** NDIN-trained Disaster Chaplains agree to conform to the following guidelines during their deployment:

- Respond sensitively to the needs of ALL who are affected regardless of nationality, race, religion, belief, class, or sexual orientation
- Refrain from proselytizing, sermonizing, or promoting a particular religion or world view
- Follow the Incident Command System structure, respecting the chain of command
- Recognize their personal and professional limits, working closely with other disciplines such as Disaster Mental Health
- Speak to the media only when authorized by their team leader.

If you commit to following these guidelines while deployed as a Disaster Chaplain, **PLEASE SIGN HERE:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND THIS COMPLETED FORM TO: Ruth Wenger at [rwenger@n-din.org](mailto:rwenger@n-din.org) OR Fax: 347-284-0054 OR NDIN, Suite 604, 4 West 43<sup>rd</sup> St, New York, NY 10036.**

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\* Standards for the credentialing or deployment of volunteer disaster chaplains vary in practice. Trainees should seek affiliation with local disaster spiritual provider recognized by your local office of emergency management, department of mental health or VOAD (Voluntary Organizations Active in Disaster).