

COG Chaplains Commission
Community Service Chaplain ID Renewal Form

Last Name: _____, First Name: _____ Middle: _____ Date: _____

Current ID Number: _____ Current Level: _____ Date Issued: _____

Name of Chaplain as you would like it to be displayed on your certification ID Card. (No titles are permitted) Please type or print in block letters.

Name: _____

Level (advanced levels require documentation): _____

Date of Birth of the Chaplain (Used for background check): Month: _____ Day: _____ Year: _____

Current Address: Street: _____
City: _____ State: _____ Zip code: _____ Country: _____

Email Address: _____ Phone: _____

Your ID renewal require a new background check. (**Background checks DO NOT involve credit checks.**) The following information is required for us to process your background: (1) Your legal name (First, Middle, and Last); (2) Date of Birth; (3) If you do not have a middle name, your Social Security number is required. SSN: ____-____-____

Criminal Background Check Authorization

I authorize the Church of God Chaplains Commission to do a criminal background check on me. Yes___ No___

Signature of Chaplain: _____

Pastor/Supervisor Authorization

I verify that _____ is an authorized volunteer Chaplain at:
_____ (Name of institution or agency).

Name: _____ Position/Title: _____

Church/Institution: _____ City: _____ State: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

To renew your ID (which will be valid for TWO YEARS):

1. Mail this completed form, a copy of your ID, and a check or money order for \$60.00 to:

COG Chaplains Commission
ATTN: CSC ID Renewal
900 Walker Street NE
Cleveland, TN 37311.

2. Email a digital head shot photo to CSC@cogchaplains.com, or send a good quality head shot only paper photo with your renewal form.