

FY19 Family Life Chaplain Introductory Course Application
PLEASE TYPE ALL INFORMATION
(Incomplete or Illegible Applications WILL NOT be processed)

_____ Chaplain
_____ Chaplain Candidate

Name (last, first, MI): _____ Rank: _____

SS# (Required): _____ Component: ACTIVE _____
ARNG _____
USAR _____

Address: _____ City _____ State _____ Zip _____

Unit _____ Position _____

Email and Phone Information

Army Email: _____ Work Phone: _____

Personal email: _____ BB: _____ Personal Cell: _____

Schedule (Check Appropriate Date) Choose Only One

2019

_____	03 FEB - 15 FEB	Fort Bragg, NC
_____	17 MAR - 29 MAR	Fort Hood, TX
_____	14 JUL - 26 JUL	Fort Hood, TX
_____	14 JUL - 26 JUL	Fort Bragg, NC

Required Signatures:

1. Applicant: I understand that if selected for this training course that I am expected to complete all assignments provided prior to the class, report on time, and remain throughout the entire course in order to receive credit. I also agree that if for some reason I am unable to attend, it is my responsibility to notify the Family Life Chaplain Training Center point of contact at the appropriate site.

Signature: _____

2. Commander or Supervisor: I have reviewed this application and approve the applicant to attend this training based on available funds and training days.

Signature: _____

Submit to Email by clicking on link below:

usarmy.bragg.imcom-atlantic.mbx.family-life-chaplains-training-c@mail.mil If email does not come up as a hyperlink, please copy and paste it into your browser.