



# UNITED CHAPLAINS INTERNATIONAL

**\*EXCELENCIA\*INTEGRIDAD\*HONESTIDAD Y JUSTICIA\***

Register to the Department Of State  
State of New York  
Certificate of Corporation NO.F01 0709000515

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|--------------------------------------|
| Board of directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Last Name</b> _____<br>(sobrenome)                                                                                       |                               |                                   |                                      |
| President<br>Rev. Dr. Jose Figueroa                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Name and Middle Name</b> _____<br>(Nome y sobrenome)                                                                     |                               |                                   |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Address</b> _____<br>(endereço)                                                                                          |                               |                                   |                                      |
| Vice President<br>Marcos A. Nogueira                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>City And State</b> _____<br>(Cidade y Estado)                                                                            |                               |                                   |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Zip Code</b> _____<br>(Cep)                                                                                              |                               |                                   |                                      |
| Supervisor<br>Rev. Manuel Martinez                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Identidade No.</b> _____<br><b>Personal Information</b><br>(Informacion Personal)                                        |                               |                                   |                                      |
| Directors<br>Rev. Beatriz Torres<br>Lic. Helio Dos Santos                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date Of birth</b> _____<br>(Data de nascimento)                                                                          | <b>Day (Dia)</b> _____        | <b>Month (Mes)</b> _____          | <b>Year (Ano)</b> _____              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Height</b> _____<br>(Altura)                                                                                             | <b>Weight</b> _____<br>(Peso) | <b>Eyes color</b> _____<br>(Ojos) | <b>Hair color</b> _____<br>(Cabello) |
| Secretary<br>Lic. Miriam Rivera                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Are you a Pastor, Elder Deacon Evangelist? explain;</b> _____<br><b>Seou titulo: pastor, leigo,Evangelista? explique</b> |                               |                                   |                                      |
| Overseas Representative<br>Rev. Dr. Carlos Lima                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Church Name</b> _____<br>(nome da Igreja )                                                                               |                               | <b>Tel</b> _____                  |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Address</b> _____<br>(endereço)                                                                                          |                               |                                   |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Pastor Name</b> _____<br>(Nome do Pastor)                                                                                |                               | <b>Tel.</b> _____                 |                                      |
| <p>*****</p> <p><b>Note: It is important for this organization that you be an active member of a church in which they practice the correct teaching of the scriptures.</b></p> <p>I, _____ give authorization to the executive personnel of The United Chaplains International to access my records and my personal files. Any false information written on this application will result in the immediate disqualification, and my application will be denied.</p> <p><b>Signature</b> _____</p> |                                                                                                                             |                               |                                   |                                      |



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## RECOMMENDATION LETTER

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I, (title)\_\_\_\_\_ Name \_\_\_\_\_ Last name \_\_\_\_\_

Hereby certify that (applicant name) \_\_\_\_\_

Is recognized by this executive body as an active member in good standing with the Spiritual Principles of our church located at address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_  
where I presently reside As spiritual leader.

The applicant holds the status of: ( ) Evangelist ( ) Worker ( ) Missionary ( ) Pastor ( ) Other  
(explain) \_\_\_\_\_

Date of membership \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

I, fully recommend the above applicant for membership to the United Chaplains International.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Today's Date

Note: All future members must take an initial preparation course.

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**[www.unitedchaplainsinternational.org](http://www.unitedchaplainsinternational.org)**



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I (applicant)\_\_\_\_\_on the day\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have been fully explained by the Executive Personal that the United Chaplains International is a Non –Profit Private Christian Organization Incorporated to the Department Of State, Of New York.

Any annexing, registration or instruction under the banner of the United Chaplains International without the Express Written Consent of this organization is strictly prohibited and Subject to penalty by law.

The Credentials given to me from the United Chaplains International are **Merely for Identification purposes as an active member** of a private Incorporated Organization. (With respect to government facilities and institutions) This includes Hospitals, Homeless Shelters, Nursing Homes, and Correctional Facilities

I understand that **I am neither a State employee nor Official**. Further more, any misuse of these Credentials on my behalf will result in **immediate termination** of membership on which I Will surrender at once upon request of the ministry officials.

**The United Chaplains International** will not be responsible for any misuse or wrongdoing on my behalf toward the rules mentioned here on this statement.

I, \_\_\_\_\_of my own free will agree on the membership fees and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Public Notary

## **REQUISITOS & REGULACIONES:**

1. Todo aplicante debe ser mayor de 21 años.
2. Miembro activo de una iglesia donde se practique y enseñe correctamente las Sagradas Escrituras
3. Mínimo 3 años de estudios bíblicos, mejor aun graduado en teología.
4. Anexar carta de recomendación membreteada, sellada y con copia de la iglesia donde se congrega, firmada por su pastor. Si el aplicante es pastor deberá anexar una prueba sellada con copia de su ordenación o carta del concilio al cual pertenece.
5. Anexar 2 fotos a color, tamaño pasaporte (Hombres: Traje ejecutivo y corbata. Mujeres: Traje ejecutivo Ejecutivo).
6. Cheques o money orden pagaderos en EE.UU a nombre del personal encargado de United Chaplains International.

## **REGULACIONES:**

1. Obedecer todas las regulaciones institucionales.
2. Mantener un buen testimonio.
3. Vestirse y hablar correcta y apropiadamente.
4. No prestar su placa a nadie.
5. No confundir nuestras credenciales con cualquier otra.
6. No usar su placa o credencial para beneficios personales. (Ejemplo: Uso de transporte público, acceso a eventos recreativos, etc).
7. Si a usted le dan la oportunidad de trabajar en una institución, quedará bajo las ordenes del capellán de la misma.
8. Todas las credenciales expiran al año (Perdiendo el valor ante las autoridades).
9. Debe renovar su credencial anualmente, un mes antes de su expiración y reportarnos inmediatamente cualquier cambio de sus datos personales.
10. Si sus credenciales son extraviadas debera reportarlas inmediatamente acompañadas de un reporte de policia notarizado a la dirección que aparece en su carnet.
11. Será dado de baja, si es hallado culpable de cualquier delito (Excepto infracciones de tráfico). Al igual si es reportado y comprobado un mal testimonio.
12. En caso de cualquier renuncia, o sea dado de baja, deberá entregar todas sus identificaciones.
13. Su asistencia y atención inmediata a llamados especiales, para presentarse en nuestra sede o lugares requeridos para el servicio, serán indispensables.

## **REQUIREMENTS & REGULATIONS :**

1. All applicants must be over 21 years.
2. An active member of a church where he practices and teaches Scripture correctly
- 3 . Minimum 3 years of biblical studies , theology graduate even better .
- 4 . Attach letter of recommendation letterhead , stamped and copied in the church where he attends , signed by their pastor. If the applicant is a pastor should attach a copy of proof sealed his ordination or letter of the council to which he belongs .
- 5 . Attach 2 photos color passport size (Men: Suit and tie executive . Females: Executive Executive Suit ) .
- 6 . Checks or money order payable in U.S. personnel on behalf of United Chaplains International.

## **REGULATIONS :**

1. Obey all institutional regulations .
- 2 . Maintain a good reputation .
- 3 . Dress and speak correctly and appropriately.
- 4 . Not paying your motherboard to anyone.
- 5 . Do not confuse our credentials to any other .
- 6 . Do not use his badge or credential for personal benefits . ( Example: Using public transportation, access to recreational events , etc. ) .
- 7 . If you are given the opportunity to work in an institution, be under the command of the chaplain of the same
- 8 . All licenses expire one year (Losing the value to the authorities ) .
9. You must renew their credential every year , one month before they expire immediately report to us any changes to your personal data.
- 10 . If your credentials are missing should report them immediately accompanied by a notarized police report at the address shown on your card .
11. Will be dropped , if found guilty of any crime ( except traffic violations ) . Like if reported and verified a bad witness .
12. In case of any waiver , or discharged , you must submit all your IDs .
13. Your assistance and immediate attention to special called to perform at our headquarters or places required for the service, will be indispensable .