Chaplain Application Form - Rutgers University - Camden

Chaplains who wish to serve the Rutgers University community must complete this form and submit it to the Dean of Students Office. Each Chaplain will be a member of the Rutgers Camden Interfaith Advisory Council (RCIAC)

| NAME: | | | |
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| Street Address: | | | |
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| Cell: _ | | - | |
| E-mail address: _ | | _ | |
| Sponsoring Orga | nization: | | |
| Contact: | | - | |
| Street Address: | | | |
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| Геlephone: | | _ | |
| What is your edu | cational background (college, s | seminary, and other religious or prof | essional training)? |
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| The Rutgers Can scheduled by the Yes | Dean of Students Office | il (RCIAC) meets once a semester. | All meetings will be |
| The University thr student to live and to operate on the c | ough the Kutgers Camden Interfor believe and worship without prese campus, leaders must affirm that the | ad cross section of religious and denon with Advisory Council (RCIAC) has aff sure or coercion from other campus re they will respect the integrity and rights deprecating other groups, or by haras: | firmed the right of every eligious groups. In orden of every religious group |
| Recognized Chap | plains serving at Rutgers Unive | rsity are required to abide by univer | sity policy. |
| verify that the i | nformation provided above is a | ccurate. | |
| SIGNATURE: | | D | ATE: |
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