Chaplain Information Form

Chaplains who wish to serve the Rutgers University community must complete this form and submit it to the Religious Life Council (RLC), through the Department of Student Life/Office of Student Involvement. Each Chaplain should be affiliated with a Chaplaincy that has registered with the RLC, and should indicate that affiliation below.

NAME: ______________________    CHAPLAINCY : __________________

CONTACT INFORMATION:
On-Campus phone: ____________ Off-Campus Phone: ____________
E-mail address: ____________ Office Street Address: ____________

I am: _____ Full-time _____ Part-time

*if part-time, how many hours/week  _______

Do you have a Sponsoring Organization? If yes, please provide contact information for that organization:

________________________________________
________________________________________

What is your educational background (college, seminary, and other religious or professional training)?

________________________________________
________________________________________

There are three mandatory meetings of recognized Chaplains per year, at which they meet with the Religious Life Council about religious life and activity on campus. Do you agree to attend these meetings? Failure to participate in these meetings may result in loss of privileges.

_____ Yes _____ No

*Students at Rutgers University represent a very broad cross section of religious and denominational backgrounds. The University through the Religious Life Council has affirmed the right of every student to live and believe and worship without pressure or coercion from other campus religious groups. In order to operate on the campus, leaders must affirm that they will respect the integrity and rights of every religious group and individual and pledge not to seek conversions by deprecating other groups, or by harassment or proselytizing.

Recognized Chaplains serving at Rutgers University are required to agree to the Guidelines for Activities and Behavior of Recognized Chaplaincies on Campus. Have you read these Guidelines, and do you agree to work within them?

_____ Yes _____ No

*I verify that the information provided above is accurate.

SIGNATURE: ______________________      DATE: ____________