



Members Annual Up-Date Report Form

Contact Information:

Name: _____

Social Security Number: _____ Today's Date: _____

Position/Title/Rank: _____

Work Address: _____

Work Telephone: _____ Home Telephone: _____

E-mail Address: _____

Home Address: _____

Current Church Membership (name and location): _____

Category of Service

Military ___ Healthcare Chaplaincy ___ Pastoral Counseling ___
Seminarian Professor ___ Mental Health ___ Campus Chaplaincy ___
Correctional Chaplaincy ___ Business-Industrial ___ Law Enforcement/Fire ___

Chaplaincy Ministry Organization Address: _____

Paid: Full-time ___ Part-time ___

Volunteer: Full-time ___ Part-time ___

✚ **Description of Affirmed Ministry (Active Member/Board Certified):**

✚ **Professional Organizations served and position:**

✚ **Recognitions/awards/honors received:**

✚ **List all Continuing Education Certifications:**

Dear members please help us with this:

As a IACC Chaplain, give one or more examples from your ministry in the past year in which you felt especially effective in carrying out the IACC mission, participating in the ministry of healing, sustaining, reconciling, and guiding God's people.

Signature: _____

Printed Name: _____