



CERTIFICATION COMPETENCY TO WORK IN A MULTIFAITH CONTEXT

FAITH GROUP ENDORSEMENT

This is to certify that I have been informed of the application being made by

(name of applicant)

for employment, or reappointment, as a chaplain or spiritual and religious care provider.
The above mentioned applicant is an ordained/commission/authorized person in

(name of the faith group)

and is in good standing.

The

(appropriate person(s) or committee(s) in our faith group)

have met with him/her and endorses him/her as a suitable person for ministry within our faith group and for multifaith public ministry. If selected for employment, our faith group grants approval for his/her involvement in the ministry and we will retain responsibility for his/her Practice of Leadership; including compliance with the Professional Ethical Standards, Oaths and/or Statements of Faith and Allegiance of our faith group.

The

(appropriate person(s) or committee(s) in our faith group)

to which he/she is now responsible in the structure of our faith group will meet with him/her every

(frequency, e.g. once a month, once a quarter, once a year)

to support his/her work. This endorsement is renewable every five years or whenever required.

Authorization

Authority Signature

Print Faith Group Authority's Signature

Address

Postal Code

Phone

Email

Date