WISCONSIN EMS HONOR GUARD ASSOCIATION, INC.

EMS CHAPLAIN APPLICATION

Application for District Appointment

Received	[For office use]	Candidate ID	[For office use]

Applicant Instructions: Complete every section. Enter "N/A" where a question does not apply. Attach additional pages, a resume, and copies of current licenses or certificates when helpful.

Position Overview

The Wisconsin EMS Honor Guard Chaplaincy provides non-denominational spiritual, emotional, and moral support to Association members, their families, and the EMS community, especially during crisis, grief, and line-of-duty death. Clergy status is not required. Candidates should demonstrate spiritual maturity, emotional intelligence, compassion, sound judgment, cultural sensitivity, and a commitment to service and required training.

1. PERSONAL INFORMATION AND EMS BACKGROUND

Full legal name	*[Enter full name]*	**Preferred name**	*[Enter preferred name]*
Street address	*[Enter street address]*		
City	*[Enter city]*	**State / ZIP**	*[Enter state and ZIP]*
Primary phone	*[Enter phone number]*	**Alternate phone**	*[Enter alternate number]*
Email address	*[Enter email address]*	**Preferred contact**	*[Phone/email/text]*
WIEMSHG member?	*[Yes / No; district if known]*	**Appointment sought**	*[State / District / Either]*
Preferred district or region	*[Enter preference or N/A]*	**Travel radius**	*[Miles or counties]*

EMS Background

☐ Active EMS professional ☐ Retired ☐ Former EMS professional ☐ No prior EMS service

Current or most recent EMS service	*[Agency/service name]*		
Current position or role	*[Position/rank / assignment]*	**Total years in EMS**	*[Years]*
Primary EMS level or specialty	*[EMR / EMT / AEMT / Paramedic / Other]*	**Employment status**	*[Full-time / part-time / volunteer]*

Summarize your EMS background and experience. *Include clinical, supervisory, educational, dispatch, administrative, peer-support, or Honor Guard experience.*

[Enter response]

2. LICENSURE AND CERTIFICATIONS

List current and previously held EMS licenses, professional licenses, chaplain credentials, and relevant certifications. Attach copies when available.

Credential / Level	Issuing State or Organization	License / Certificate No.	Expiration	Status
[Enter credential]	*[Enter issuer]*	*[Enter number]*	*[MM/YYYY]*	*[Active / inactive]*
[Enter credential]	*[Enter issuer]*	*[Enter number]*	*[MM/YYYY]*	*[Active / inactive]*
[Enter credential]	*[Enter issuer]*	*[Enter number]*	*[MM/YYYY]*	*[Active / inactive]*
[Enter credential]	*[Enter issuer]*	*[Enter number]*	*[MM/YYYY]*	*[Active / inactive]*
[Enter credential]	*[Enter issuer]*	*[Enter number]*	*[MM/YYYY]*	*[Active / inactive]*

Relevant Training and Certifications

☐ CPR / BLS ☐ ACLS ☐ PALS ☐ PHTLS / ITLS ☐ CISM / peer support

☐ Grief support ☐ Crisis intervention ☐ Suicide prevention ☐ Mental Health First Aid ☐ Cultural sensitivity

☐ Chaplain training ☐ Funeral / memorial ministry ☐ Public speaking ☐ Other: _____

Describe any additional relevant education, training, or specialized skills.

[Enter response]

3. EMS WORK AND SERVICE HISTORY

List ambulance services, fire/EMS agencies, hospitals, dispatch centers, or other EMS organizations where you currently serve or previously served. Begin with the most recent.

Service / Agency	City / State	Position or Role	Dates	Supervisor / Contact
[Enter service]	*[Location]*	*[Position]*	*[From - To]*	*[Name/phone/email]*
[Enter service]	*[Location]*	*[Position]*	*[From - To]*	*[Name/phone/email]*
[Enter service]	*[Location]*	*[Position]*	*[From - To]*	*[Name/phone/email]*
[Enter service]	*[Location]*	*[Position]*	*[From - To]*	*[Name/phone/email]*

Explain any significant gaps in EMS service or reasons for leaving prior agencies, if applicable.

[Enter response]

4. MOTIVATION AND CHAPLAIN INTEREST

What attracted you to the idea of becoming an EMS Chaplain?

[Enter response]

What strengths, talents, or life experiences would you bring to the Chaplaincy Program?

[Enter response]

What do you believe EMS personnel and their families most need from a chaplain during times of crisis, grief, or loss?

[Enter response]

5. COUNSELING, CRISIS, AND GRIEF SUPPORT EXPERIENCE

☐ Formal counseling experience ☐ Informal peer support ☐ Grief support ☐ Crisis intervention ☐ No prior experience

Describe your experience providing grief counseling, emotional support, or crisis care. *Identify the setting, population served, training or supervision received, and your specific role.*

[Enter response]

Describe any experience supporting responders or families following traumatic events, serious injury, suicide, or line-of-duty death.

[Enter response]

How do you recognize when a person needs referral to a licensed mental health, medical, or other professional?

[Enter response]

6. CHAPLAIN HISTORY AND CEREMONIAL EXPERIENCE

☐ Currently serving as a chaplain ☐ Previously served as a chaplain ☐ No prior chaplain experience

Organization	*[Agency, hospital, military, faith community, etc.]*		
Chaplain title or role	*[Enter title]*	**Dates served**	*[From - To]*
Supervisor or endorsing contact	*[Name/phone / email]*		

Describe your prior chaplain duties and the populations you served.

[Enter response]

Describe experience with funerals, memorials, invocations, benedictions, eulogies, dedications, or other public ceremonies.

[Enter response]

☐ Comfortable speaking before groups ☐ Comfortable using prepared notes ☐ Would benefit from additional coaching

7. ORDINATION, RELIGIOUS TRAINING, AND AFFILIATION

Important
Clergy status, ordination, and denominational affiliation are not required for appointment. This information is requested only to understand the candidate's preparation, credentials, and experience.

☐ Ordained ☐ Licensed ☐ Commissioned ☐ Ecclesiastically endorsed ☐ None of these

Title or credential	*[Enter title or N/A]*	**Date received**	*[MM/DD/YYYY or N/A]*
Ordaining / licensing / endorsing body	*[Enter organization or N/A]*		
Current standing	*[Good standing / inactive/other]*	**Contact for verification**	*[Name/phone / email]*

Describe formal religious, theological, pastoral, chaplaincy, or spiritual-care education and training.

[Enter response]

Denominational or faith affiliation, if any	*[Enter affiliation or “None”]*		
Congregation/organization	*[Name and location or N/A]*	**Current role**	*[Enter role or N/A]*

8. UNDERSTANDING OF THE NON-DENOMINATIONAL EMS CHAPLAIN ROLE

Please initial or check each statement to confirm your understanding. Wisconsin EMS Honor Guard Chaplains serve all members regardless of faith, belief system, or background and do not impose personal beliefs or engage in proselytizing.

☐	I can provide respectful care to people of any faith, belief system, cultural background, or non-religious perspective.
☐	I will not impose my personal beliefs, pressure others to participate in religious practices, or engage in proselytizing.
☐	I understand that personal communications are confidential except with consent, when required by law, or when there is an imminent risk of harm.
☐	I will remain neutral in internal conflicts and will not take sides in organizational disputes.
☐	I will maintain appropriate professional boundaries, avoid conflicts of interest, and operate within my training and scope.
☐	I will refer individuals to licensed or specialized professionals when their needs exceed my qualifications or role.
☐	I can support funerals, memorials, ceremonies, and line-of-duty death services while following Honor Guard protocols and command direction.
☐	I understand that chaplain activities may require appropriate documentation and reporting to the State Commander or designee.

Describe how you would respond if your personal beliefs differed from those of an EMS professional or family member requesting support.

[Enter response]

Give an example of how you have maintained confidentiality, neutrality, or professional boundaries in a sensitive situation.

[Enter response]

9. AVAILABILITY, TRAINING, AND SERVICE COMMITMENT

Typical availability	*[Days / evenings / nights / weekends]*		
Maximum short-notice response range	*[Time or distance]*	**Able to travel statewide?**	*[Yes / No / Limited]*
Known scheduling limitations	*[Enter limitations or N/A]*		

☐ Available for a shared on-call rotation ☐ Available for funerals and memorials ☐ Available for official events and drills

☐ Willing to build relationships before crises occur ☐ Willing to maintain regular member/family contact as appropriate

Applicant Commitments

☐ Complete required chaplain training, including the Association-designated online course, and submit completion certificates.

☐ Participate in continued education, exercises, drills, and team integration as expected.

☐ Provide copies of relevant licenses, certificates, and prior education records when requested.

☐ Complete a background check and any separate authorization forms required by the Association.

☐ Follow the Chaplaincy Manual, Association bylaws, ceremonial protocols, and lawful command direction if appointed.

Identify any limitations, accommodations, or concerns that should be discussed before the appointment.

[Enter response]

10. PROFESSIONAL REFERENCES

Provide three references who can speak to your character, judgment, reliability, EMS experience, chaplaincy, counseling, or spiritual-care abilities. Do not list relatives.

Name	Relationship / Organization	Phone	Email	Years Known
[Reference 1]	*[Relationship/organization]*	*[Phone]*	*[Email]*	*[Years]*
[Reference 2]	*[Relationship/organization]*	*[Phone]*	*[Email]*	*[Years]*
[Reference 3]	*[Relationship/organization]*	*[Phone]*	*[Email]*	*[Years]*

11. APPLICANT CERTIFICATION AND AUTHORIZATION

Certification

I certify that the information provided in this application and in any attachments is true and complete to the best of my knowledge. I understand that chaplains are appointed by the State Commander or designee and that submitting this application does not guarantee appointment. I authorize the Wisconsin EMS Honor Guard Association to verify the credentials, employment or service history, training, and references that I have provided. I understand that a separate background-check authorization may be required. If appointed, I agree to follow the Chaplaincy Manual, Association bylaws, ethical standards, confidentiality requirements, and non-denominational service expectations.

Applicant signature	*[Sign here]*	**Date**	*[MM/DD/YYYY]*
Printed name	*[Print full name]*	**Best time to contact**	*[Enter time]*

Required Attachments Checklist

☐ Resume or professional summary ☐ EMS license(s) ☐ Relevant certificates ☐ Chaplain credentials, if applicable
☐ Religious education or ordination documentation, if applicable ☐ Additional response pages ☐ Other: _____

OFFICE. ASSOCIATION REVIEW - FOR OFFICIAL USE ONLY

Application reviewed by	*[Name/title]*	**Review date**	*[MM/DD/YYYY]*
Interview date	*[MM/DD/YYYY]*	**Interviewers**	*[Names/titles]*
Reference checks	*[Complete / pending/concerns]*	**Credential verification**	*[Complete / pending]*
Background check	*[Clear / pending/review]*	**Training status**	*[Complete / required]*
Recommended appointment	*[State / District / Neither / Pending]*	**District/region**	*[Enter assignment]*

Reviewer comments and recommended conditions of appointment:

[Enter response]

Final action	*[Approved/denied/tabled]*	**Effective date**	*[MM/DD/YYYY]*
State Commander or designee signature	*[Sign here]*	**Date**	*[MM/DD/YYYY]*

Form revision: July 2026