



4915 S. Howell Avenue  
Suite 501  
Milwaukee, WI 53207-5939  
Telephone: 414.483.4898  
Fax: 414.483.6712  
  
www.nacc.org

OFFICE USE ONLY	
Membership Number:	_____
Month/Year Joined:	_____
Payment Method:	_____

## Ministry Volunteer Application Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment / Unit #*

\_\_\_\_\_ *City State ZIP Code*

Diocese of Residence: \_\_\_\_\_

Diocese of Volunteer: \_\_\_\_\_

Title:  Rev.  Sister  Brother  Deacon  Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Gender:  Male  Female

Home Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\* A Ministry Volunteer is an individual serving in a volunteer spiritual/pastoral care program for a specific setting (e.g., health care, parish, elder care, corrections, etc.) to provide spiritual and religious support for the vulnerable.

### Other Information

Name of institution where volunteering: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

\* **The following information is optional and is for USCCB/CCA statistical purposes:**

#### Ethnicity (Please check one)

- White  Black or African American  American Indian and Alaska native  Asian  African  Hispanic or Latino  
 Native Hawaiian and other Pacific Islander  Multiracial  Other \_\_\_\_\_

#### Religious Affiliation (please check one)

- Roman Catholic  Other \_\_\_\_\_

Please Note:

- Please enclose payment (in U.S. funds) of \$60.00 for annual membership dues along with this application. Make check payable to: NACC.
- Mail completed application, signed Member Ethics Statement and fee to:

The National Association of Catholic Chaplains  
4915 S. Howell Avenue, Suite 501  
Milwaukee, WI 53207- 5939

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\* NACC Vision serial publication and NACC Now E-newsletter, are included in the above membership level.

Please note ~ it is the policy of the NACC not to sell or share mailing or email addresses of its members.

### **National Association of Catholic Chaplains Member Ethics Statement**

Membership in the National Association of Catholic Chaplains (NACC) means that you will abide by the NACC Code of Ethics and are qualified for the membership category selected. By becoming an NACC member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the NACC Code of Ethics (available to you at [www.nacc.org/certification/nacc-certification-competencies-and-procedures/professional-code-of-ethics](http://www.nacc.org/certification/nacc-certification-competencies-and-procedures/professional-code-of-ethics)).

Your signature below attests that all information provided on this application is true and accurate, you have reviewed the NACC Code of Ethics and pledge to uphold it, and you acknowledge that you can be held accountable under the NACC Standards and Procedures for any violation of the Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date