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APPLICATION FOR APPOINTMENT

Please email your application to the NACC at info@nacc.org

Please refer to the cover sheet for the Criteria for the appointment you are applying for.

Committee, Commission, Panel applying for: _____

Date of Application: _____ Email: _____

Name: _____

Highest Degree or Credentials: _____

Position: _____

Place of Ministry: _____

Mailing Address: _____

Telephone: Cell: _____ Home: _____ Work: _____

Membership #: _____ Membership Category: _____

Certified
 Not Certified
 Certification year: _____

List your places of Ministry in the past ten years with dates. Please include your current Ministry:

Place of Ministry	Location	Dates

State your reason for seeking this position:

List specific professional and experiential examples to support your qualifications for this position:

List previous offices, positions held and involvement in the NACC and any pastoral care, counseling or educational organization (local, state/regional, and/or national) with names and date of service:

Office/Position	Location	Dates

Identify courses, seminars, and symposia you have (A) Attended or (P) Presented that support your qualifications:

A=Attended	P=Presented	Course name	Dates

Identify two individuals (one who is not affiliated with NACC) who could attest to your interest, qualification and abilities, including contact information:

Reference #1
Name:
Position:
Place of Work:
Phone:
Email:
Reference #2
Name:
Position:
Place of Work:
Phone:
Email:

In order to be considered for appointment each statement must be initialed:

_____ My membership in NACC is active.

_____ I understand that filing this application does not automatically ensure appointment.

_____ I have read the Roles, Responsibilities and Criteria for this position.

_____ I have reviewed my time commitments and am able to balance my work commitments accordingly.

Applicant Signature

Date

_____ My check here is in lieu of a signature indicating the information in this application is true and accurate to the best of my knowledge.