

Application for Appalachian Trail Chaplaincy
Applying for: **Thru-Hiker** ____ **Circuit Hiker** ____
(Deadline is August 15 of the year preceding the hike year)

Basic Information:

Name _____
Date of Birth _____
Preferred Gender _____
Address _____
Email _____
Phone: cell _____ other _____

Questions (These may be answered in list or essay format):

1. Provide a reasonably full account of your life, including significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. Describe your family of origin, current family relationships, and supportive social relationships. ---
2. Provide a description of your work (vocational) history. Include a chronological list of jobs/positions/dates of employment, as well as any training/certifications that would assist you in trail ministry.---
3. Describe your spiritual growth and development. Include your involvement in and relationship with the church, and significant events and people. Include ways and places in which God speaks to you most clearly. ---
4. Describe your interest in the Appalachian Trail. Include your experience in hiking and/or backpacking, and what excites you in hiking and the outdoors. Given the rigors of the trail, describe how you plan to address the physical, mental and spiritual challenges of an AT hike. Provide any ideas you have for your hike plan, e.g. direction, start date, etc. ---
5. Give your impressions of the Appalachian Trail Chaplaincy. Include your concept of chaplaincy, what you envision your interactions with other hikers will involve, and how you will relate to hikers who are not Christians. Address how your chaplaincy may complement as well as conflict with your AT hiking interest.—
6. What would be your biggest obstacle in the ATChaplaincy?—
7. What would be your biggest contribution to the ATChaplaincy?--

Applicant Name: _____

References (Provide THREE - suggest one each professional, personal, spiritual):

1. Name _____

Relationship to applicant _____

Email Address _____

Phone _____

Mailing Address _____

2. Name _____

Relationship to applicant _____

Email Address _____

Phone _____

Mailing Address _____

3. Name _____

Relationship to applicant _____

Email Address _____

Phone _____

Mailing Address _____

Applicant Name: _____

Background Screening:

The following questions should all be Yes/No. (If yes, please explain)

1. Have you ever been discharged by an employer?
2. Have you ever been convicted of a felony?
3. Have you ever been convicted of possession, use or sale of drugs?
4. Have you ever been indicated by child protective services, or convicted of a crime against children or other persons?
5. Have you ever been restricted by a church or secular body from involvement with children, youth or adults?

The following statements should all be Yes/No. (If no, please explain)

1. I understand that chaplains may be asked to provide a medical history and/or submit to an alcohol and/or drug test.
2. I understand that an AT chaplain should be above reproach, and I pledge to have no sexual contact with children or youth at any time, or with any adults that I meet in the ministry.
3. I understand that my ministry may be terminated for any false answers or for other work-related causes.

SIGNATURE _____

DATE _____

Thank you for your interest in the Chaplaincy program.

For more information contact:

Appalachian Trail Chaplain Ministry

c/o New River District UMC

105 Asbury Lane

Wytheville, VA 24382

phone: (276) 228-4922.

Or contact the ministry via email at AppalachianTrailChaplain@gmail.com.

Mail completed application to:

Appalachian Trail Chaplain Ministry

c/o New River District UMC

105 Asbury Lane

Wytheville, VA 24382

Or email completed application to AppalachianTrailChaplain@gmail.com

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