



INTERNATIONAL L.A.C.A. STATE OF NEW YORK

LATIN/AFRICAN AMERICAN CHAPLAIN ASSOCIATION

1112 Garrison Avenue - Bronx, N.Y. 10474 Tel.: (718) 842-8555 Fax: (718) 842-4747



L.A.C.A. Executive Board
 Bishop Dr. Fernando Rodriguez - President/CEO
 Rev. Dr. Luis Figueroa - Vice President
 Rev. Joselyn Nataniel - Executive Director
 Teresa Mercedes - Secretary
 Lesley Mendoza - Treasurer
 L.A.C.A. BOARD ADVISORS
 Apostle Victor Sanabria
 Bishop Roberto Brown
 Apostle Larry Agee

Application for Admission



Passport Size
Photo 2" x 2"

Today Date: _____

MEMBERSHIP FEE: \$400.00

Name: _____
Last First MI

Tel: _____ Email address: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of birth: _____ Place of birth: _____ Eyes: _____ Hair: _____ Height: _____
(DD/DD/YYYY)

Do you have a Drivers License? Yes No License number: _____

Do you have an Automobile? Yes No Brand, Model & Plate number: _____

American Citizen Legal Resident

State Issued ID # _____ Resident card # _____

Marital Status: Single Married Separated Divorced Widow

Name of Spouse: _____

Children: Name: age: Name: age:

In case of emergency, Please contact: _____ Tel: _____

Which ministry would you like to participate in? Hospitals Prison Others: _____



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In a brief paragraph, Please describe what you expect from our organization:

Have you ever been convicted of a Felony? Yes No

Please explain: _____

Your finger prints will be taken for membership eligibility

Educational Information:

Highest level of education: Middle School High School College

If College, what degree or length of time did you complete? _____

Have you attended Bible Institute? Yes No Name of Institute: _____ Tel: _____

Address: _____

Years Completed? _____ **Additional Theological education?** _____

Employer Information:

Name of Employer _____ Tel: _____

Address: _____

Occupation: _____ Length of time: _____

Supervisor: _____ Work Schedule: _____

Church Information:

Name of Temple: _____

Address: _____

Name of Pastor: _____ Tel: _____

How many years have you been a member in your church? _____



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Have you accepted Jesus Christ as your personal Savior? Yes No Date _____

Have you been baptized? Yes No Date _____

Have your been baptized with the Holy Spirit? Yes No Date _____

What Ministries are you currently involved in? _____

I affirm that all information in this application is correct with the understanding that any false information in on this application will result in its rejection or the immediate dismissal of the person.

Signature: _____

Date: _____

Name: _____

Print

To be completed by your Pastor:

Is he/she a good candidate of testimony? Yes No

If not please explain: Yes No _____

How many years has the candidate been a member of your Church?

Ministries in which this candidate is involved in:

Is this candidate responsible and faithful to his/her church? Yes No

If the status of this candidate changes, would you inform us? Yes No

Pastors' comments: _____

Pastors' Signature: _____

Date: _____



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References: (Please submit 3 references. Family member reference not accepted).

1. Name: _____ Tel: _____

Address: _____

How many years known the applicant? _____ Relationship: _____

2. Name: _____ Tel: _____

Address: _____

How many years known the applicant? _____ Relationship: _____

3. Name: _____ Tel: _____

Address: _____

How many years known the applicant? _____ Relationship: _____

Official use:

Personal investigation: Accepted Rejected

Comments: _____

Verification of references

Verification of Pastor

Applicant Accepted Rejected

If Rejected. Reason: _____

If accepted, shield number: _____

Approved by: _____ Final Approval: _____

Rev. Luis Figueroa/Rev. Joselyn Nataniel ESP. Bishop Dr. Fernando Rodriguez
Vice President Executive Director President

***A DEPOSIT OF \$100.00 (NON-REFUNDABLE) MUST ACCOMPANY THE APPLICATION AT THE TIME OF DELIVERY.**