

# Fire Chaplains of Maine Association

Form: FCA-4

## Purposes

To bring together in resource, training, and common endeavor for those persons who serve as Fire Chaplains in the State of Maine

To render such spiritual, moral and psychological support to the members of the fire and rescue personnel as shall assist them to better carry out their duties and responsibilities.

To assist the victims of fire, calamity and natural disaster by providing a level of interim pastoral care until such time as conventional ministries can attend to their needs.

To foster cooperation, fairness, fellowship and safety on both the local and broader levels of the Fire and Rescue Services.

## Affiliation

The FCMA is a division of the Maine Fire Chiefs' Association. In most cases the Chaplain's annual dues (\$95.00) are paid by the Department(s) served (Check with your Chief).

## Membership

Membership in the FCMA is open to all who are involved in the fire rescue chaplaincy. We have some members who are full-time chaplains, but most of us are either part-time/volunteer clergy, laity or fire/rescue department members.

## Qualifications

Must be appointed as a Fire Department Chaplain by the local Chief. Must be endorsed by his/ her religious body:

**Clergy**=Proof of ministerial standing in the State of Maine.

**Laity**=Proof that you are under denominational/religious body jurisdiction.

## Membership Application

(Please type or print)

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
House/PO Box No. Street/Road

\_\_\_\_\_  
City/Town Zip

Telephone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Fire Station: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Charge Department(s):

_____	_____
Department Name	Department Name
_____	_____
Mailing Address	Mailing Address
_____	_____
Chief's Name	Chief's Name

**Department Manning:** Full Time\_\_\_ Part Time\_\_\_ Call\_\_\_ Volunteer\_\_\_

Are you a Firefighter? Yes\_\_\_ No\_\_\_ How many years? \_\_\_

Type Chaplaincy: Full Time\_\_\_ Part Time\_\_\_ Call\_\_\_ Volunteer\_\_\_

Date Appointed Chaplain \_\_\_\_\_  
Chief's Name

**Prior Chaplaincy Experience?** \_\_\_\_\_ Yrs. \_\_\_\_\_

**Are you:** Ordained Clergy\_\_\_ Licensed/Ordered Laity\_\_\_ Laity\_\_\_

\_\_\_\_\_  
Date & Place Ordained, Licensed or orders conferred

Your Religious Affiliation \_\_\_\_\_  
Denomination

Level membership Desired: Active\_\_\_ Associate\_\_\_

(Active membership requires that you become an MFCA member)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail completed application to: Membership Review Committee  
Chief Chaplain:  
Jared Blake  
PO Box 911  
Sabattus, ME 04280

### Please include the following with your application:

- \_\_\_ Letter confirming appointment with your Department
- \_\_\_ Letter of endorsement/standing by an Ecclesiastical Body
- \_\_\_ This form with a dues check for \$95.00, payable to Maine Fire Chiefs' Association (MFCA)
- \_\_\_ Completed MFCA application form (available at: [www.mainechief.com](http://www.mainechief.com))