Department of Veterans Affairs

ECCLESIASTICAL ENDORSING ORGANIZATION
REQUEST TO DESIGNATE ECCLESIASTICAL ENDORSING OFFICIAL

INSTRUCTIONS

Religious organizations seeking to endorse individuals for work as VA chaplains must fulfill the following requirements:

(1) Must be organized exclusively or substantially to provide religious ministries to a lay constituency

(2) Must have authority to grant and withdraw ecclesiastical endorsements of its members.

(3) Must agree to notify VA of the withdrawal of an ecclesiastical endorsement

(4) Must be recognized by the Internal Revenue Service as a tax-exempt religious organization under Section 501 (c)(3) of the Internal Revenue Code

(5) Endorsed individuals must support the free exercise of religion by all patients, family members, and others authorized to receive VA health care.

(6) Must complete and submit this form to the National Chaplain Service via email to VANationalChaplainStaff@va.gov along with the required documents as listed below

DOCUMENTS THAT MUST ACCOMPANY INITIAL REQUEST

In accordance with Veterans Health Administration policy, the following information is required from religious organizations that request to designate an official to issue and withdraw ecclesiastical endorsements of their members. This information will be updated every three years

(1) Explanation of the structure and purpose of the organization (copies of articles of incorporation, by-laws, constitution, etc)

(2) Membership requirements of the organization

(3) Requirements for membership in the clergy (education, experience, licensure, ordination etc.)

(4) Documentation from the IRS that the organization is exempt from Federal income tax as a religious organization under Section 501(c)(3) of the Internal Revenue Code

(5) Name, address, and phone number of each person seeking ecclesiastical endorsement for appointment as a VA chaplain

ECCLESIASTICAL ENDORSING ORGANIZATION
REQUEST TO DESIGNATE ECCLESIASTICAL ENDORSING OFFICIAL (Con't)

1. REQUEST DATE:	2. NAME OF ORGANIZATION:

3. ADDRESS

a. STREET (Include apartment or suite number)	b. CITY	c. STATE	d. ZIP CODE
		AL	

4. TELEPHONE NUMBER (Include area code)	5. FAX NUMBER (Include area code)
6. INTERNET SITE ADDRESS (If applicable)	7. E-MAIL ADDRESS (If applicable)

8. PRESIDING OFFICIAL(S)

a. NAME (Last, First, Middle Initial)	b. TITLE

9. INDIVIDUAL DESIGNATED TO ISSUE AND WITHDRAW ECCLESIASTICAL ENDORSEMENTS
(This cannot be an individual seeking to become a VA chaplain)

a. NAME (Last, First, Middle Initial)	b. TITLE

c. STREET (Include apartment or suite number)	d. CITY	e. STATE	f. ZIP CODE
		AL	

g. TELEPHONE NUMBER (Include area code)	h. FAX NUMBER (Include area code)
i. INTERNET SITE ADDRESS (If applicable)	j. E-MAIL ADDRESS (If applicable)

10. IS YOUR ORGANIZATION/RELIGIOUS BODY PRIMARILY ORGANIZED TO PROVIDE RELIGIOUS MINISTRIES TO A LAY CONSTITUENCY? ☐ YES ☐ NO

11. HAS THE MEMBERSHIP OF YOUR ORGANIZATION/RELIGIOUS BODY AUTHORIZED THE ORGANIZATION/RELIGIOUS BODY AS THEIR SOLE AGENCY FOR THE PURPOSE OF ENDORSING INDIVIDUALS TO SERVE AS VA CHAPLAINS? ☐ YES ☐ NO

11a. IF NO, EXPLAIN

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12. DOES YOUR ORGANIZATION/RELIGIOUS BODY PRESENTLY HAVE AN AGENT AUTHORIZED TO GRANT AND WITHDRAW ECCLESIASTICAL ENDORSEMENTS TO THE MILITARY?

☐ YES ☐ NO

12a. IF YES, GIVE THE NAME AND PHONE NUMBER OF THE AUTHORIZED AGENT

13. IS YOUR ORGANIZATION/RELIGIOUS BODY PART OF ANY OTHER ORGANIZATION/RELIGIOUS BODY THAT PRESENTLY HAS AN AGENT AUTHORIZED TO GRANT AND/OR WITHDRAW ECCLESIASTICAL ENDORSEMENTS TO EITHER THE MILITARY OR THE DEPARTMENT OF VETERANS AFFAIRS? ☐ YES ☐ NO

13a. IF YES, GIVE THE NAME OF THE ORGANIZATION/RELIGIOUS BODY AND THE NAME OF THE AUTHORIZED ENDORSING AGENT

14. TOTAL NUMBER OF CLERGY	15. TOTAL MEMBERSHIP OF THE ORGANIZATION/RELIGIOUS BODY

16. TOTAL NUMBER OF: *(SELECT THE CATEGORY THAT MOST CLOSELY FITS YOUR ORGANIZATION)*

A. CHURCHES NUMBER OF CLERGY	B. PARISHES NUMBER OF CLERGY	C. CONGREGATIONS CLERGY	D. LOCAL ASSEMBLIES CLERGY

BY SIGNING BELOW I ATTEST THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING (A -G)

A. I am authorized by this organization to designate the endorsing official named in block 9a, to verify that the organization meets the requirements listed in the instructions on the front of this form, and to verify the answers to the questions below.

B. This organization meets the requirements listed in the instructions on the front of this form. If this organization ceases to meet any of these requirements we will immediately notify the director, Chaplain Service of the Department of Veterans Affairs.

C. Acceptance of an ecclesiastical endorsement by VA does not imply any approval by VA of the theology or practices of a religious organization, nor does it obligate VA to employ the endorsed individual or any other members of the organization.

D. VA's mission to provide health care to veterans is always paramount, and VA reserves the right to restrict or prohibit within its facilities any practices that it deems detrimental to the health or safety of patients.

E. Individuals endorsed by the organization shall function in a pluralistic environment and will support directly and indirectly the free exercise of religion by all patients, family members and others authorized to receive VA health care.

F. The documents accompanying this form are complete and accurately describe the organization's beliefs, policies, and practices.

G. The organization, and individuals it endorses, agree to abide by all Federal, VA and VHA laws, regulations, policies and issuances on the qualification, endorsement, selection, and employment of VA chaplains.

17. SIGNATURE OF SENIOR PRESIDING OFFICIAL (LISTED IN ITEM 8)