



# Alabama Law Enforcement Agency (ALEA)

## Chaplain Peer Support Membership (CPSM) Application

### Application Breakdown

Applicants must complete *all* relevant portions of this application prior to submission.

1. Part One – Applicant Information
2. Part Two – Current Employment
3. Part Three- Chaplain Qualifications – Proof of Ordination
4. Part Four – Resume and Additional Requirements
  - a. Resume
  - b. Proof of PSM Certification Training
5. Part Five – ALEA Employee Explanation of Interest Essay
6. Part Six – Disclaimer and Signature

All documentation should be scanned and submitted electronically at [www.ALEA.gov](http://www.ALEA.gov). Applicants without access to a scanner may mail their application to 201 South Union Street, Montgomery, Alabama 36104.

### Part One - Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Contact Phone: \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Part Two - Current Employment

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_



**Part Five- Essay Prompt for Current ALEA Employees**

ALEA employees who wish to become a Peer Support Chaplain must complete the essay described in this section and submit it with the application.

**Essay Prompt:** In a one-page essay, please describe why you would like to become a Peer Support Chaplain and what motivated you to apply to be a Peer Support Chaplain.

**Part Six - Disclaimer and Signature**

*I certify that my answers herein are true and complete to the best of my knowledge.*

*I understand that, if chosen to serve as a Peer Support Chaplain, it is my responsibility to notify ALEA if my employment status changes while I am serving as a Peer Support Chaplain.*

*If this application leads to selection and certification, I understand that false or misleading information in my application or additional documentation may result in ALEA releasing me from my position as a Peer Support Chaplain.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_