NOMINATION/SUPPORT OF

DISASTER RECOVERY CHAPLAINCY APPLICATION

(To be completed by an overseeing officer of your denomination or faith e.g. Bishop or Presbytery Officer)

Please provide a statement reflecting the suitability of the applicant as a Disaster Recovery Chaplain and list relevant strengths and skills that may enhance this application.

Name of Applicant_____

Name: _____

Signature: _____

Nominator's Position: _____

Contact Number: _____

Date: _____

Please return this form to:
simone.micke@churcheswa.org.au or
WA DRCN – (Council of Churches WA)
79 Camboon Road, NORANDA WA 6062