
Title: **Volunteer Chaplain Policy**

Policy Number:

WRD-C-001

Effective Date:

Revision Date:

Authority:

Page:

03/01/2018

Division Director

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Purpose:

The volunteer chaplain policy establishes a volunteer chaplain program for initial counseling and guidance to Division associates, their families, and members of the public affected by catastrophic events falling within WRD's jurisdiction. Volunteer chaplains may be available, upon request, to provide crisis assistance and make referrals to appropriate professionals.

Policy:

A. Organization

1. Volunteer chaplains will serve at the discretion of the WRD Director and may be removed from the program, also at the discretion of the Director. Chaplains shall be removed from the program for the following reasons: failure to maintain certification/license, or other qualifications; failure to respond or excessive tardiness in responding when called; failure to perform responsibilities or duties; breach of confidentiality; or misrepresentation of falsification on the application, during the interview or in any supporting documentation.
2. The chaplain program is not intended to replace the Department's Employee Assistance Program but is to complement and work in conjunction with the Employee Assistance Program.
3. WRD may make a chaplain available to assist another Division in responding to a catastrophic event upon the request of the Division Director.

B. General

1. WRD will issue credentials (photographic identification with programmatic description) to volunteer chaplains in a form approved by the Office of Human Resources. Chaplains must carry the credentials whenever functioning as a volunteer. When the credentials expire, or if a chaplain leaves the program, the credentials must be returned to WRD.
2. A list of all appointed chaplains will be maintained by the Director's Office and distributed to local offices. Any request for a chaplain should be submitted by the appropriate Region Supervisor, Program Manager, or Chief. If the request is approved, the manager shall select a chaplain by identifying the most appropriately located chaplain. If that chaplain cannot be reached, or is not available, the manager will continue down the list until a chaplain is secured.
3. Chaplains shall be subject to the direction of the senior DNR associate on site whenever functioning as a volunteer.
4. Chaplains may accompany WRD associates in state vehicles in association with volunteer duties.

5. Chaplains will not receive payment, benefits or other compensation. Chaplains serve only as volunteers and must complete the volunteer waiver/release form. Illness and injuries must be covered by the volunteer's personal insurance.

C. Duties and Responsibilities

1. Upon request, chaplains provide initial counseling and respond to requests made by WRD associates or their families following a catastrophic event.
2. Upon request, chaplains respond to incident scenes where serious injury or death has occurred to WRD associates or the public associated catastrophic events falling within WRD's jurisdiction.
3. Upon request, chaplains assist WRD associates in providing death or serious injury notifications.
4. Upon request, chaplains visit sick or injured associates at their home or place of confinement.
5. Chaplains will refer employees seeking assistance with personal matters such as job stress, alcoholism, drug abuse, and marital or family problems to the DNR Employee Assistance Program.
6. Chaplains may perform other related services at the direction of the WRD Director or designee.
7. Strict confidentiality is expected. Failure to meet this expectation shall result in the removal of a chaplain from the program.
8. Chaplains shall not, in any way, interfere with an associate in the performance of his/her duties.
9. Chaplains are not authorized to speak on the behalf of the Department or to make any public comment in their capacity as chaplains about their volunteer activities without prior approval.
10. Chaplains will accurately maintain all records required by WRD.
11. Chaplains must complete an approved orientation program prior to functioning as a volunteer.

D. Qualifications

An applicant must;

1. Either (a) possess and maintain current Police Chaplain Certification through the Georgia Peace Officers Standards and Training Council, or (b) be licensed as a pastoral counselor or other licensed mental health professional by the State of Georgia.
2. Possess a valid driver's license or have access to alternative transportation anytime response is requested.

3. Be able and willing to respond on a 24-hour, 7-day a week basis anywhere within their designated area(s).
4. Provide (3) satisfactory professional references that address the applicant's crisis counseling skills and experience.
5. Must never have been convicted of a criminal offense other than minor traffic offenses.
6. Submit to GCIC/NCIC criminal history review.
7. Manifest a broad base of experience and professional and emotional stability and personal flexibility. Chaplains must demonstrate tact and consideration in approaching all people, regardless of race, age, disability, sex, creed, or religion.
8. Possess current medical and, if applicable, automobile insurance.

E. **Selection**

1. Candidates may submit an application (Attachment 1) at any time to the WRD Director
2. A decision on each application will be made based upon the applicant's qualifications and the needs of the Division at the time of application.
3. After review of the application, GCIC/NCIC report, references and interview, a decision will be made by the WRD Director. Appointment is at the discretion of the WRD Director.
4. No applicant shall be rejected because of political affiliation, religion, race, color, sex, physical abilities, veteran status or national origin.

Responsibility:

The WRD Director, or his designee, is responsible for administering the chaplain program.

Attachments

Attachment 1 – Volunteer Chaplain Application



GEORGIA

DEPARTMENT OF NATURAL RESOURCES

WILDLIFE RESOURCES DIVISION

MARK WILLIAMS
COMMISSIONER

RUSTY GARRISON
DIRECTOR

VOLUNTEER CHAPLAIN APPLICATION

DATE: _____

NAME:			SOCIAL SECURITY #:		
LAST	FIRST	MIDDLE			
PERMANENT ADDRESS:					
HOME PHONE:			OFFICE PHONE:		
CELL PHONE:			EMAIL:		
DATE OF BIRTH:		AGE:		DENOMINATION:	
MARITAL STATUS: (Check one) Married Widowed Divorced Separated			SPOUSE'S NAME:		
CHILDREN: SONS (#):		AGES:		DAUGHTERS (#):	
				AGES:	
FORMAL EDUCATION	COLLEGE & SEMINARIES (provide transcripts)			DEGREES	YEAR
ORDINATION:		Date:	Place:		
		Date:	Place:		
DENOMINATIONAL ENDORSEMENT: (Give the Agency or Official authorized by your denomination to endorse its clergy for chaplaincy service)					
NAME:					
ADDRESS:					
TELEPHONE:					
DENOMINATION YEARBOOK IN WHICH YOUR NAME APPEARS:				Page Number:	
CLINICAL PASTORAL TRAINING:					
TRAINING CENTER	DATES	#OF WEEKS/MONTHS	SUPERVISOR		
Do you currently possess a Homeland Security or a Police Chaplain Certification administered by Georgia Peace Officer Standards and Training Council? (Check one) YES Certification# _____ NO					

Mail completed application to: WRD Director's Office, 2067 US Highway 278 SE, Social Circle, GA 30025