

Non-employee Religious Affiliate Registration Form
The Claremont Colleges

Advisors to Student Religious/Spiritual Groups and Clubs who are not faculty, staff or students at The Claremont Colleges must register as a Religious Affiliate. To apply to be a Religious Affiliate, one must submit the following information to the Office of The Chaplains for consideration. By signing the form below, I confirm that I understand the guidelines set forth below and in the accompanying Religious Affiliates documents which apply to all religious groups or leaders on The Claremont Colleges campuses and I agree to abide by these guidelines.

Name: _____ Date: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Home Phone: _____

E-mail address: _____

Religious organization: _____

Address of headquarters: _____

Name and phone # of your supervisor: _____

Are you ordained? _____ Denomination/Affiliation: _____

Education (Seminary, University Degrees, etc.)

Please attach a current resume' / *curriculum vitae*

What is the name of the student group/club (faith group) with which you are working or visiting?

What will be the major emphasis and activities of your ministry/work with students?

Who is the primary campus contact for your organization? _____

Please provide complete contact information for this person (address/phone/e-mail) _____

Students at The Claremont Colleges have very diverse religious and denominational backgrounds. The Colleges, through the Office of the Chaplains, affirms the right of every student to live, believe and worship without pressure, coercion or unwanted contact from any religious organization. In order to practice my ministry or leadership on campus, I affirm that I will respect the integrity and right of every member of The Claremont Colleges community and pledge to serve only those members of the community who have independently and voluntarily joined the Student Group/Club with which I am affiliated. I also affirm that I will meet with the Chaplain(s) at least once a year and/or as requested. I

understand that there are policies prohibiting solicitation and proselytizing at The Claremont Colleges and I agree to abide by those policies. I agree that if I fail to abide by the foregoing, I may be trespassed from the campuses and my registration as a Religious Affiliate may be forfeited.

I agree as part of the application process to have the religious organization or sending agency which is sponsoring me conduct national and state criminal offender (CORI) and sexual offender (SORI) background checks as well as character references. The religious organization/sending agency must provide written documentation that all checks were conducted and were clear of any offenses.

Date: _____

Signature: _____

Please send an official letter from your organization or sending agency with all the required documents to The Office of the Chaplains, McAlister Center, 919 N. Columbia Ave, Claremont, CA 91711 or via e-mail as a word document to chaplains@cuc.claremont.edu

This document was approved and adopted by the Chaplains and the Student Deans Committee of The Claremont Colleges, January 29, 2014

For Office Use Only

Reviewed by: _____

Date: _____

Approved Denied

Reason for Denial: _____

CORI check completion date: _____

SORI check completion date: _____

Letter attached (Yes / No)