CHAPLAINCY CANDIDATE CERTIFICATION AND AUTHORIZATION CDFRM

U.S. DEPARTMENT OF JUSTICE   **FEDERAL BUREAU OF PRISONS**

I understand and agree to the following conditions of employment in the event that I am offered a staff chaplain position in the Bureau of Prisons (BOP). These conditions of employment apply throughout my tenure in the BOP.

1. *The inmates comprise my primary congregation; therefore, during my tenure as a BOP chaplain I will ordinarily be required to work on the seasonal holy days of my faith tradition.* **Initial**

2. *I will be responsible for accommodation of the weekly worship service of my religious tradition.* **Initial**

3. *I will be required to work two evenings a week.* **Initial**

4. *I will be required to minister to persons of religious traditions that are at grave variance with my own.* **Initial**

5. *I will never be required to perform sacraments/rituals or provide worship services outside of my own faith tradition (Islamic, Jewish, Protestant, Roman Catholic, etc.) but I may be asked to participate in ecumenical or inter-faith services at appropriate times.* **Initial**

6. *My role as chaplain does not authorize me to perform sacraments/rituals outside of my own faith tradition (Islamic, Jewish, Protestant, Roman Catholic, etc.) even in the absence of a chaplain, contractor or volunteer of that faith tradition.* **Initial**

7. *I will be required to adhere to the Bureau of Prisons Employee Standards of Conduct.* **Initial**

8. *Non-compliance with these conditions of employment will routinely result in dialogue between the Chaplaincy Administrator and my endorser.* **Initial**

9. *I do not espouse racial separatism, domestic/foreign terrorism, or advocate violence of any type.* **Initial**

10. For BOP Status Employees Only
    a. Because this chaplaincy position is in the excepted service, I understand that the position is not filled by competitive appointment.
    b. I am leaving the competitive service voluntarily to accept the appointment as a chaplain in the excepted service.
    Initial

Printed Name: _____   Date: _____

Signature: _____   Witness: _____