

# **Distinctive Religious Group Leader (DRGL) / Non-Chaplain Lay Leaders Application**Instructions:

- 1- Fill out the application completely
- 2- Submit the following required forms (online form for download):
  - a. Notarized letter of accountability for ethical conduct
  - b. Background Check Authorization/ Release of Liability form
  - c. 2 References: Community Religious Leader
- 3- A copy of birth records and proof of citizenship, permanent residency, or work authorization forms
- 4- An email or letter from the recruitment or supervisory officer stating that an endorsement is necessary
- 5- Non-refundable application and processing fee of \$150
- 6- When the application is deemed completed an interview (virtual) will be scheduled

| Date:                                     |                        |                         |
|---|------------------------|-------------------------|
| Name:                                     |                        |                         |
| First                                     | Middle                 | Last                    |
| Aliases or legal names you have been l    | known by before:       |                         |
| Social Security Number:                   | Gender:                | M F Birthdate:          |
| Address:                                  | City and State         | Zip code                |
|   | •                      | -                       |
| Cell #:                                   | W Ork #:               |                         |
| Email Address:                            |                        |                         |
| Driver's license number:                  |                        | Driver's license State: |
| Ethnic/Racial/National Origin (Optional   | al):                   | Birthplace:             |
| First Language:                           | Citizenship (na        | ime country):           |
| How long have you practiced Islam? (I     | include months/years): |                         |
| Did you convert/revert to Islam, if so,   | When:                  |                         |
| Do you have family members who are        | Muslim? If yes how ma  | any:                    |
| Islamic religious institution affiliation | (place of worship):    |                         |
| Leader of your Islamic religious institu  | tion                   |                         |
| How do you identify? ☐ Sunni ☐            | Shia' 🔲 Ibadi          | ☐ Thahiri               |

Website: https://muslimendorsementcouncil.org/ Email: info@mec-usa.org Phone #: 646-369-6791

PO Box 8224 New Haven CT 06530 MEC is a 501(c) 3 tax-exempt organization: Tax ID No. 45-1796269



| Which Scho | ool of Thought    | do you adhe    | ere to?        |               |         |               |         |
|------------|-------------------|----------------|----------------|---------------|---------|---------------|---------|
| Hanafi     | Maliki            | ☐ Shafi'       | Hanbali        | ☐ Ja'fari     | Zaydi   | ☐ Ibadi       | Thahiri |
| Which Qira | a'aat do you re   | cite from?     | Hafs           | Warsh         |         |               |         |
| Cur        | rrent Title/ Pos  | sition:        |                |               |         |               |         |
| Naı        | me of Current     | Organizatior   | / Institution: |               |         |               |         |
| Ado        | dress of Organ    | ization/ Insti | tution:        |               |         |               |         |
| Dat        | tes Attended: _   |                |                |               |         |               |         |
| Uni        | it/Assignment:    |                | _Rank/Pay Grad | de:           | Serv    | ice Branch: _ |         |
| Mil        | litary Installati | on:            | Act            | ive Duty/ Civ | vilian: |               |         |
|            |                   |                |                |               |         |               |         |

## **Education**

List high schools, colleges, seminaries, universities, Islamic studies, counseling or chaplaincy programs attended:

| Name & Address of Institution | Date (From) | Date (To) | Graduated? (if applicable) | Degree/Certification |
|-------------------------------|-------------|-----------|----------------------------|----------------------|
|                               |             |           |                            |                      |
|                               |             |           |                            |                      |
|                               |             |           |                            |                      |
|                               |             |           |                            |                      |
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State licensure

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|-------------------------------------|----------------|-------------------|---------------|---------------------|-----------|----------------------------|
| Give state of ficells               | ure, type of I |                   |               | late of expiration: |           |                            |
| Marital Status:                     | ☐ Single       | Married           | ☐ Spouse      | Deceased            | ☐ Divorce | d                          |
| If married or have b                | been married   | list the dates a  | nd names of a | ll spouses:         |           |                            |
| If married, what is                 | your spouse'   | s faith orientati | on?           |                     |           |                            |
| Your Children (nan                  | me and ages):  |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
| Professional R (Including paid or v | volunteer yea  |                   |               | Position            | Dates     | Supervisor/<br>Contact No. |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |
|                                     |                |                   |               |                     |           |                            |



| How do you perceive working with the Muslim chaplain at the institution? If your institution does not have a Muslim chaplain, how do you perceive working with chaplains of other faith groups? (Please provide examples if you have experience in this area)           |
|---|
|   |
| What are your perceptions of the DRGL's role, responsibilities, and duties as a part of the total ministry team on the institution?   |
|   |
| Identify three personal strengths as a potential Distinctive Religious Group Leader.  |
|   |
| Identify three personal weaknesses as a potential Distinctive Religious Group Leader. How could you work to overcome this area?   |
|   |
| Explain your knowledge of the Qur'an (Reading/Reciting the Qur'an in Arabic with Tajweed/Memorization/ Familiarity with scholarly interpretations of the Qur'an/Ability to apply the Qur'an to everyday situations in the US and the context of chaplaincy engagement). |
|   |
|   |



| Explain your knowledge of Ahadith/Fiqh/Seerah, and your ability to apply it within the American  |
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|  |
| I understand that failure to present information truthfully on this application will be grounds for the denial or revocation of the MEC Endorsement. |
| Signature:   |
| Date:  |

Email to: info@mec-usa.org

Please either scan and email the completed form to <u>info@mec-usa.org</u> or mail it to PO Box 8224 New Haven, CT 06530

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