

CHAPTER 3
PERSONNEL AND ADMINISTRATIVE PROCEDURES
OCTOBER 2026
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CHAPTER 3

PERSONNEL AND ADMINISTRATIVE PROCEDURES

1. SELECTION PROCESS.

- a. The Employee Health and Wellness Section (EHWS) commander or designee and Statewide Liaison Chaplain shall interview and select Chaplain candidates.
- b. After a successful interview, the applicant shall undergo a sensitive position background investigation as part of the screening process.
- c. The background investigation process shall include:
 - (1) A complete CHP 561A, Confidential Personal History Statement and other Associated Forms, Chaplain Volunteer (Annex B).
 - (2) A fingerprint inquiry with the Federal Bureau of Investigation and the California Department of Criminal Justice.
 - (3) A driver's license inquiry with the Department of Motor Vehicles.
 - (4) Three personal reference inquiries.
- d. The EHWS commander shall review and have final approval of the completed investigation.
- e. A CHP 561D, Volunteer Chaplain Program Authorization to Release Information (Annex C), shall be completed by the applicant and used by the Volunteer Chaplain Program (VCP) coordinator to obtain background information. The VCP coordinator shall also be responsible for the completion of the following forms:
 - (1) CHP 434, Reference Inquiry Nonuniformed Applicant.
 - (2) CHP 561A.
 - (3) CHP 428, Release and Waiver of Liability.
 - (4) CHP 561B, Volunteer Chaplain Program Medical Questionnaire (Annex D).
 - (5) CHP 561C, Chaplaincy Program Statement of Ethics (Annex E).

(6) CHP 561E, Volunteer Chaplain Program Volunteer Service Agreement (Annex F).

(7) CHP 561G, Volunteer Chaplain Certificate of Completion (Annex G).

(8) CHP 102, Address and Emergency Information.

2. VOLUNTEER CHAPLAIN ID CARDS. The EHWS will retain a list of all VCP ID numbers. The EHWS will assign VCP ID numbers upon submission of a CHP 245, Electronic Security Access Card Information/Update. The EHWS is responsible for issuing all SVP ID numbers and badges.

a. The applicant shall submit a completed CHP 245 and a digital photograph (face and shoulders) of the Chaplain dressed in the VCP uniform (or appropriate civilian attire) via e-mail to EHWS@CHP.ca.gov, with a carbon copy to the VCP coordinator.

b. Upon receiving the completed CHP 245, EHWS will assign an ID number. The VCP ID number will be preceded by a "CH," for the Chaplain, followed by a predetermined sequential number. The EHWS will add the ID number to the CHP 245 and forward the information to the Human Resources Section (HRS) for completion.

c. The HRS will complete the ID process and forward the ID card to EHWS.

d. The EHWS will forward the ID card and corresponding VCP badge to the volunteer Chaplain.

e. The VCP coordinator will be responsible for the accountability of VCP ID cards. When a Chaplain resigns or is otherwise removed from the VCP, the ID card shall be relinquished to the VCP coordinator. The ID number shall not be reissued to another volunteer Chaplain. The VCP coordinator shall properly and securely dispose of the VCP ID card and inform the EHWS commander of the separation.

f. A copy of the ID card shall be maintained in the Chaplain's personnel file for five years after separation.

3. PERSONNEL FILES.

a. The VCP coordinator shall be responsible for the Chaplain's personnel files. Personnel files shall be treated as confidential and be maintained in a secure location (e.g., locked file cabinet) by the VCP coordinator in accordance with

HPM 10.3, Personnel Transactions Manual. The Chaplain's personnel folder shall be maintained at EHWS for five years after separation from the program.

b. Current volunteer Chaplains or volunteer Chaplains who have left the program may request copies of their personnel files. Access and/or release of this information shall be granted in accordance with policies and procedures contained in HPM 11.1, Administrative Procedures Manual, Chapter 13, Information Disclosures – Public Records and Rights of Privacy.

c. Volunteer Chaplain personnel files shall include the following items:

(1) CHP 101, Appropriate Use of Automated Information and Systems Statement.

(2) CHP 102.

(3) CHP 428.

(4) CHP 561, Chaplain Code of Conduct (Annex A).

(5) CHP 561A.

(6) CHP 561B.

(7) CHP 561C.

(8) CHP 561D.

(9) CHP 561E.

(10) When applicable, a CHP 561F, Volunteer Chaplain Program Resignation Report (Annex H), or a Notice of Termination from Voluntary Employment Letter.

(11) CHP 561G.

(12) A copy of the Chaplain's VCP ID card (front and back).

(13) If issued, a copy of the Chaplain's state-issued driver's license.

(14) Copies of all CHP online training, when applicable.

(15) A copy of the completion of the California Electronic Telecommunications System (CLETS) training showing that the Chaplain is qualified to have departmental computer access.

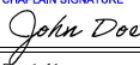
(16) Proof of personal medical insurance to be furnished on an annual basis by the Chaplain.

(17) All reports of incidents or personal injuries.

(18) Current photograph of Chaplain.

ANNEX A

CHP 561, CHAPLAIN CODE OF CONDUCT

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL	
CHAPLAIN CODE OF CONDUCT CHP 561 (New 6-26) OPI 037	
CHAPLAIN NAME	DIVISION/AREA
John Doe	Departmental Affairs Division/Employee Health and Wellness Section
While serving at CHP incidents, events, or facilities, Chaplains shall adhere to the following:	
1. Chaplains operate in a volunteer capacity only. 2. Chaplains are not compensated by the State for services provided. 3. Chaplains may not wear clothing bearing CHP insignia. 4. Chaplains may not act in a sectarian, proselytizing, or intrusive style or manner. 5. Chaplains will perform or provide services to all persons regardless of race, creed, color, gender, faith, ancestry, disability, marital status, medical condition, national origin, or sexual orientation. 6. Chaplains must operate in a faith-neutral manner and avoid wearing any insignia, headwear, or liturgical vestments that may have religious significance, affiliation, or connotation. 7. Chaplains shall not conduct public prayer unless requested. Chaplains may, however, pray at funerals or in hospitals when requested by family members and then only in a manner agreed to by the family. 8. Chaplains may offer words of inspiration that are entirely free of religious references. 9. The use of intoxicating beverages or dangerous and restricted drugs during work, standby time, or off duty while acting in the capacity of a chaplain, will be considered grounds for immediate dismissal from the program. 10. Interpersonal relationships are expected to conform to accepted standards of professional conduct free from sexual harassment. 11. Chaplains shall sign and comply with the Chaplaincy Program Statement of Professional Ethics. 12. Photographs/video may not be taken without proper permission from authorized CHP personnel.	
CHAPLAIN SIGNATURE 	DATE 06/10/2026
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ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER

CHP 561A (New 6-26) OPI 037

Instructions to the Applicant: The information requested on each of the forms in this packet is required to determine your eligibility and qualifications for appointment as a volunteer Chaplain with the California Highway Patrol (CHP). Failure to answer all questions completely and accurately may be cause for denial of acceptance. The Personal History Statement will be used in the assessment of your qualifications for the position you are seeking.

A background investigation and fingerprint check will then be conducted to determine your suitability for appointment to the CHP Volunteer Chaplain Program. Successful completion of the background investigation and fingerprint check may result in your appointment.

The completion of this form is mandatory. You will be required to certify that there are no willful misrepresentations, omissions or falsifications, and that all statements are true and correct.

All statements are subject to verification.

All time periods in your background must be accounted for.

It is to your advantage to respond openly and truthfully. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the position in which you have applied.

Completing Item 12: You need **NOT** list a conviction when the record of such an incident has been **sealed** in accordance with Penal Code Section 1203.45, 851.8; nor if your record has been **expunged** or is **expungeable** pursuant to Health and Safety Code 11361.5, which Section pertains to various marijuana offenses, or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when the conviction was stipulated or designed to be a lesser included offense of the offense of possession of marijuana. However, you must list the conviction if you have received a **release** (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code Section 1179 or 1772) or a **pardon** (per Section 4852.16 of the Penal Code).

Under the Information Practices Act, effective 7-1-78, you have the right of access to personal information (*but not confidential information*) relating to employment with this Department.

NOTE: Answer all questions. Write or print legibly in ink in your own handwriting. **DO NOT TYPE.** If an item does not apply, enter 'D.N.A.' If more space is required, attach as many sheets of 8 1/2 X 11 white paper as may be required. Number the comments. More than one comment may be placed on a page.

THIS IS NOT AN OFFER OF EMPLOYMENT AND IS INTENDED ONLY TO INFORM YOU OF THE STEPS TO BE TAKEN IN DETERMINING THAT YOU ARE OTHERWISE QUALIFIED FOR APPOINTMENT TO THE CALIFORNIA HIGHWAY PATROL CHAPLAIN VOLUNTEER PROGRAM.

PRIVACY STATEMENT

PROVIDING INFORMATION: If you choose to participate in the interview process, it is required that you provide information on this form.

OTHER INFORMATION: During the course of the application and interview process, you may be requested to provide additional information regarding your qualifications, medical/health background, and conviction history.

ACCESS: Your completed applications and interview-related material submitted to the California Highway Patrol is considered confidential and becomes the property of the CHP. Due to its confidential nature, such information will not be returned. Only authorized personnel directly involved in the employment process, and the applicant, once accepted, will be allowed access.

ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER *(continued)*

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER CHP 561A (New 6-26) OPI 037			
1. NAME (LAST, FIRST, MIDDLE) Doe, John, Frederick			
2. OTHER NAMES (INCLUDING NICKNAMES), ALIASES AND MAIDEN NAMES YOU HAVE USED OR BEEN KNOWN BY			
2A. RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		2B. MAILING ADDRESS	
STREET NUMBER		STREET NUMBER OR P.O. BOX NUMBER	
CITY		CITY	
STATE, ZIP CODE		STATE, ZIP CODE	
HOME TELEPHONE NUMBER (INCLUDING AREA CODE)		HOME TELEPHONE NUMBER (INCLUDING AREA CODE)	
HOURS OF CONTACT		HOURS OF CONTACT	
RELATIVES EMPLOYED BY CHP			
NAME	RELATIONSHIP	POSITION	EMPLOYMENT LOCATION
Jane Doe	Sister	Officer	Modesto
REFERENCES			
3. LIST AS REFERENCES 3 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYER, CO-WORKERS OR SCHOOL TEACHERS.			
A. NAME	ADDRESS WHERE PERSON CAN BE CONTACTED (INCLUDE CITY, STATE AND ZIP CODE)		TELEPHONE NUMBER
Bob Smith	43 Sycamore St, Sacramento, CA 95811		HOME 111-123-4567
OCCUPATION			WORK
Realtor	101 E St, Sacramento, CA 95811		222-123-4567
B. NAME			HOME
Gavin Hansen	1024 Oak St, Sacramento, CA 95811		333-123-4567
OCCUPATION			WORK
Analyst	303 7th St, Sacramento, CA 95811		444-123-4567
C. NAME			HOME
Joe Moody	6401 Sherman St, Sacramento, CA 95811		555-123-4567
OCCUPATION			WORK
Chaplain	18 Broadway St, Sacramento, CA 95811		666-123-4567

ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER (*continued*)

RESIDENCES (IF NEEDED, LIST ADDITIONAL RESIDENCES ON A SEPARATE SHEET OF PAPER)				
4. LIST ALL RESIDENCES DURING THE LAST FIVE YEARS BEGINNING WITH YOUR CURRENT ADDRESS.				
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	NAME(S) OF PERSON(S) RESIDED WITH, INCLUDE PHONE NUMBER(S)	DATES (MONTH/YEAR) FROM TO		IF RENTED, GIVE NAME, ADDRESS & PHONE NO. OF PERSON, OR AGENCY RESPONSIBLE FOR THE COLLECTION OF RENT
A. 1037 Margaret Ct., Sacramento, CA, 95811	Sam Smith (999-123-4567)	01/2025	06/2026	Sacramento Realty 55 Gold Run Way, Sacramento, CA, 95811 (888-444-3333)
B.				
C.				
D.				
E. HAVE YOU EVER LEFT ANY RESIDENCE UNDER UNFAVORABLE CIRCUMSTANCES?				☐ Yes, explain ☒ No

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ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER *(continued)*

EMPLOYMENT AND EXPERIENCE			
5. HAVE YOU EVER BEEN INVESTIGATED AS A JOB APPLICANT? (BACKGROUND INVESTIGATION, SECURITY CLEARANCE, ETC.) ☐ Yes ☒ No			
IF YES, COMPLETE THE FOLLOWING, INCLUDING ALL INCIDENTS:			
DATE	CIRCUMSTANCES		
6. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (PART-TIME, TEMPORARY, MILITARY SERVICE, VOLUNTEER) YOU HAVE HELD IN THE PAST SEVEN YEARS.			
A. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
6/1/2008	05/30/2026	Hilton	222-333-4444
☒ Full-Time ☐ Part-Time ☐ Voluntary		ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
		78 Pine St, Sacramento, CA, 958111	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE	SALARY	SUPERVISOR(S)	
Operations Director	\$80,000.00	Jim Myers	
DUTIES		CO-WORKER(S)	
Day-to-day operations		Jody Wilson	
		REASON FOR LEAVING	
		Career Advancement	
INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT		FROM	TO
United States Military		05/01/2004	05/02/2008
B. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
☐ Full-Time ☐ Part-Time ☐ Voluntary		ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE	SALARY	SUPERVISOR(S)	
DUTIES		CO-WORKER(S)	
		REASON FOR LEAVING	
INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT		FROM	TO
WOULD THERE BE ANY PROBLEM IF YOUR PRESENT EMPLOYER IS CONTACTED IN THE COURSE OF THE BACKGROUND INVESTIGATION? ☐ Yes ☒ No			
IF YES, EXPLAIN:			

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER (continued)

HPM 70.57

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER (continued)

3-14

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER (continued)

HPM 70.57

ANNEX B

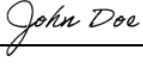
CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER *(continued)*

MOTOR VEHICLE OPERATION <i>(continued)</i>			
16. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 5 YEARS?			☐ Yes ☒ No
IF YES, GIVE DETAILS FOR EACH.			
DATE	LOCATION (STREET AND CITY)		☐ Injury
			☐ Non-Injury
POLICE REPORT?	POLICE AGENCY	REPORT NUMBER	AT FAULT?
☐ Yes ☐ No			☐ Yes ☐ No
DATE	LOCATION (STREET AND CITY)		☐ Injury
			☐ Non-Injury
POLICE REPORT?	POLICE AGENCY	REPORT NUMBER	AT FAULT?
☐ Yes ☐ No			☐ Yes ☐ No
DATE	LOCATION (STREET AND CITY)		☐ Injury
			☐ Non-Injury
POLICE REPORT?	POLICE AGENCY	REPORT NUMBER	AT FAULT?
☐ Yes ☐ No			☐ Yes ☐ No
17. LIST ALL TRAFFIC CITATIONS (EXCEPT PARKING VIOLATIONS) YOU HAVE RECEIVED WITHIN THE LAST 3 YEARS. (INCLUDE MILITARY BASES)			
NATURE OF VIOLATION	LOCATION (CITY)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN ON DRIVER'S LICENSE
N/A			
REMARKS			
N/A			

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ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER (*continued*)

READ AND SIGN WHEN FIRST COMPLETING THIS DOCUMENT	
PENALTY	
Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Chaplain Volunteer Program.	
CERTIFICATION	
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.	
SIGNATURE (<i>sign in ink</i>) 	DATE 06/10/2026

READ AND SIGN IN THE PRESENCE OF CHP SUPERVISOR WHEN INTERVIEWED	
PENALTY	
Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Chaplain Volunteer Program.	
CERTIFICATION	
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.	
SIGNATURE (<i>sign in ink</i>) 	DATE 06/10/2026

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ANNEX B

CHP 561A, CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS, CHAPLAIN VOLUNTEER *(continued)*

APPLICANT DRUG HISTORY QUESTIONNAIRE		
SUBSTANCE	LAST USED / TRIED	HOW INGESTED <i>(Orally, Ingested, Smoked, Snorted, Inhaled)</i>
Marijuana (grass, pot, mota, weed)	N/A	
Hashish/Hash Oil	N/A	
Quaaludes (ludes)	N/A	
Inhalants (popper, glue, gas, paint, solvents, cleaners)	N/A	
Non-Prescribed Anabolic Steroids (d-bol, roids, juice, pump)	N/A	
Barbiturates (barbs, candy, downers, reds)	N/A	
Amphetamines/Methamphetamines (uppers, speed, crank, bennies, whites, cross tops, ice, crystal)	N/A	
Cocaine (crack, coke, snow, rock, hubba, nose candy)	N/A	
P.C.P. (angel dust, juice, crystal, rocket fuel, KJ, sherm)	N/A	
Thai Sticks (opiate, grass)	N/A	
Heroin (black tar, chiva)	N/A	
Opium	N/A	
LSD (acid)	N/A	
Psilocybin (magic mushrooms)	N/A	
Mescaline/Peyote (buttons)	N/A	
Non-Prescribed Valium, Tranquilizers, muscle relaxers, sleeping pills	N/A	
Illegal use of any prescribed drug (explain)	N/A	
Are there any drugs, narcotics or substances not on the above list that you have tried, used, or experimented with?		☐ Yes ☒ No
PRINTED NAME	DATE	
John Doe	06/10/2026	
SIGNATURE		

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ANNEX C

CHP 561D, VOLUNTEER CHAPLAIN PROGRAM AUTHORIZATION TO RELEASE INFORMATION

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

VOLUNTEER CHAPLAIN PROGRAM AUTHORIZATION TO RELEASE INFORMATION

CHP 561D (New 6-26) OPI 037

As an applicant for a position with the California Highway Patrol's Volunteer Chaplain Program, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the California Highway Patrol.

I hereby release you, your organization, or others from liability or damages that may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one year after the date signed.

APPLICANT'S SIGNATURE

PRINTED NAME

DATE

John Doe

John Doe

06/10/2026

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ANNEX D

CHP 561B, VOLUNTEER CHAPLAIN PROGRAM MEDICAL QUESTIONNAIRE

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL VOLUNTEER CHAPLAIN PROGRAM MEDICAL QUESTIONNAIRE CHP 561B (New 6-26) OP 037			
LAST NAME	FIRST NAME	MIDDLE INITIAL	TODAY'S DATE
Doe	John	F	06/10/2026
SEX		DATE OF BIRTH (MONTH/DAY/YEAR)	
☒ Male ☐ Female		01/30/1975	
HEALTH INSURANCE COMPANY		POLICY NUMBER	
Kaiser Permanente		12345678	
PERSONAL PHYSICIAN		TELEPHONE NUMBER	
Nora Jean		(916) 444-5555	
DOCTOR'S ADDRESS	CITY	STATE	ZIP CODE
123 Emergency Way	Sacramento	CA	95811

Date of your most recent complete physical examination (Month/Year): June, 2026

Are you aware of any current health problems? ☐ YES ☒ NO

Are you currently under a doctor's care or taking any medications? ☐ YES ☒ NO
 (If yes, please explain)

Have you ever been, or are you now, subject to any of the following: (Please explain any checked box)

☐ Allergies to medicines, foods, plants, animals, or insects	☐ Asthma
☐ Any conditions that may require special care, medicines, or diet	☐ Bleeding Disorders
☐ Contact Lenses	☐ Convulsions
☐ Diabetes	☐ Fainting
☐ Restrictions on driving	☐ Restrictions on physical activity
☐ Dentures	☐ Heart Disease

N/A

I certify that I have provided true and complete information concerning my health. I understand that any misrepresentation or material omission may be cause for dismissal. I give my permission for the Volunteer Chaplain Program Coordinator to contact my physician to discuss volunteer-related health issues.

SIGNATURE	DATE
	06/10/2026

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ANNEX E

CHP 561C, CHAPLAINCY PROGRAM STATEMENT OF PROFESSIONAL ETHICS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CHAPLAINCY PROGRAM STATEMENT OF PROFESSIONAL ETHICS

CHP 561C (New 6-26) OPI 037

As a volunteer chaplain with the California Highway Patrol (CHP), I am responsible for providing service to the employees of the California Highway Patrol. The law enforcement profession is difficult and demands dedication far beyond many other professions. For that reason, I ascribe to the following personal traits and values which form the foundation of my commitment to chaplain service.

I will make integrity the cornerstone of my commitment to the Chaplaincy Program. I will be honest, open, and fair in the performance of my duties. I will be responsible for my actions and ensure my behavior is above reproach.

I will perform my chaplain duties with the utmost professionalism. I will strive to achieve and maintain a level of professionalism that will serve as an example to those around me. I will dedicate myself to the challenge of gaining the knowledge and proficiency necessary to become an exceptional chaplain volunteer.

I will pledge my loyalty to my fellow chaplain volunteers and the Department. I acknowledge the fact that my primary responsibility as a chaplain volunteer is to provide assistance and serve each member of the California Highway Patrol to the best of my ability.

I will always display an attitude of pride in the Department and in my fellow chaplain volunteers. I will act in a responsible manner while on and off duty. I realize that my actions and words will be viewed as a reflection of the Department and all that it stands for.

I will ensure that respect is a value reflected in my dealings with the public and other members of this Department. I will not permit personal feelings, prejudices, animosities, or friendships to influence my decisions. I recognize that one of the primary duties of a chaplain volunteer is to exhibit the qualities of good citizenship and professionalism no matter what the circumstances. I will constantly strive to achieve these objectives and ideals.

I will be strong in my dedication to chaplain service and devotion to the mission of the Department. I shall serve as a chaplain volunteer with the CHP and take pride in my performance. I expect no monetary gain for my service.

As a chaplain volunteer, I will have the courage to maintain my commitment to the above principles. Their application must be consistent and unwavering for I am a symbol of what the California Highway Patrol stands for and its dedication to public service.

SIGNATURE

John Doe

DATE

06/10/2026

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ANNEX F

CHP 561E, VOLUNTEER CHAPLAIN PROGRAM VOLUNTEER SERVICE AGREEMENT

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

VOLUNTEER CHAPLAIN PROGRAM VOLUNTEER SERVICE AGREEMENT

CHP 561E (New 6-26) OPI 037

I agree and understand that any work that I perform on behalf of the California Highway Patrol (CHP) will be provided on a voluntary basis. I further understand and agree that a volunteer position does not constitute an employee-employer relationship either with the CHP or with the State of California, and that the CHP may terminate my volunteer status at any time.

I understand that the CHP is depending upon my services and that if, for any reason, I cannot keep my volunteer commitment, I must notify my supervisor in advance of my agreed upon reporting time.

CONFIDENTIAL INFORMATION

Official business of the CHP is confidential. Employees and volunteers shall discuss or give official information only to persons for whom the information is intended, as directed by supervisors, or as required by law. The content of any criminal record, or any other confidential information, observed, obtained, displayed, or filed shall not be divulged except to authorized persons.

INJURIES

Injuries occurring while on duty as a CHP Volunteer Chaplain shall be reported immediately to a supervisor. Medical claims for injuries occurring on duty will be handled through the Regional Senior Volunteer Program's insurance or the California Department of Aging - Area Agencies on Aging and my personal medical coverage.

I have read, understand, and will comply with the above policies. I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in both personal and official conduct.

SIGNATURE (VOLUNTEER)

John Doe

SIGNATURE (SUPERVISOR)

Chris Parent

DATE

06/10/2026

DATE

06/10/2026

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ANNEX G

CHP 561G, VOLUNTEER CHAPLAIN CERTIFICATE OF COMPLETION

The Department of California Highway Patrol Volunteer Chaplain Program This is to certify that John Doe has successfully completed the required Volunteer Chaplain Program training for the following command Employee Health & Wellness Section and is able to assume all duties related to that training. Given on this day in <u>Sacramento</u>, California, <u>July 1</u> 20 <u>26</u> <i>Chris Parent</i> Commander
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CHP 561G (New 6-26) OPI 037

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ANNEX H

CHP 561F, VOLUNTEER CHAPLAIN PROGRAM RESIGNATION REPORT

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL VOLUNTEER CHAPLAIN PROGRAM RESIGNATION REPORT CHP 561F (New 6-26) OP 037	
FROM (VOLUNTEER)	TO (AREA COMMANDER)
John Doe	Captain C. Parent
<i>Effective this date, I hereby resign my position with the California Highway Patrol's Volunteer Chaplain Program.</i>	
REASON(S) FOR RESIGNATION I appreciate the opportunity to have served the CHP in the capacity of Volunteer Chaplain. Due to unforeseen circumstances, I will be relocating out of state and will no longer be able to continue in this role.	
SIGNATURE	DATE
<i>John Doe</i>	06/18/2027
CHP USE ONLY	
All state property returned by volunteer?	☒ YES ☐ NO
Recommended for reinstatement?	☒ YES ☐ NO
REMARKS N/A	
VOLUNTEER CHAPLAIN PROGRAM COORDINATOR SIGNATURE	DATE
<i>Paul Knell</i>	06/18/2027
COMMANDER'S SIGNATURE	DATE
<i>Chris Parent</i>	06/18/2027
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