

OCA Questionnaire

OCA Status		
<input type="checkbox"/> Professional Multi-Faith Chaplain	<input type="checkbox"/> Faith Group Chaplain	<input type="checkbox"/> Student Chaplain
<input type="checkbox"/> Volunteer (clergy) <input type="checkbox"/> Volunteer (lay)	<input type="checkbox"/> Retired Chaplain or other supporter of OCA	<input type="checkbox"/> Not a member of OCA

Please Respond to the Following

- OCA is committed to providing a Professional Chaplains Organization, advocacy, support and networking for Ontario chaplains. Do you agree or disagree that these services are important and needed as a chaplain? Agree Disagree

I think the following services are more important and needed [use additional paper if necessary]:

- OCA is the best available organization for providing important and needed services to Ontario chaplains. Agree Disagree
- (OCA members only): As a member of OCA, I am prepared to take a more active and responsible role in the life and functioning of the organization. Yes No
- (Non-members of OCA only): As one who supports the goals and services of OCA but who, as present, is not a member, I am prepared to indicate my commitment to a strong and effective organization of and for chaplains by joining OCA.
 - Yes [Please sign and date the Membership Request below].
 - No. [Please indicate your reason(s) for not joining].

- If an OCA event were scheduled in my area, I would be interested in attending a meeting to discuss further the viability, services and possible future directions of OCA. Yes No

Notes

- Please return this questionnaire to OCA President Chaplain Fred Boom at Toronto Detention Centre, 130 Horner Ave, Toronto, ON M8Z 4X8.
- A choice to not respond to the questionnaire will be interpreted to mean you do not see the need to unite, feel that we as chaplains do not face urgent issues or feel that OCA is not the body that will advocate for chaplains in Ontario.

Membership/Information Request

Name [Please print]: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Signature: _____

Date: _____

Cheque for Fee Enclosed in the amount of: _____

Institution: _____

Fees:

Multifaith Chaplain (full-time or part-time)	\$65.00
Faith Group Chaplain (full-time or part-time)	\$65.00
Volunteer Chaplain (clergy or lay)	\$45.00
Retired Chaplain/Supporter	\$25.00