



# MISSOURI SHERIFFS' ASSOCIATION

*Serving Missouri Justice Since 1945*

## DATE & TIME

December 2 & 3, 2022  
8:00 a.m. – 5:00 p.m.

## LOCATION

Wright County Sheriff's Office  
125 Courthouse Square  
Hartville, Missouri 65667

## COST

**FREE** There is no cost to attend.

## POST CLEE CREDIT

This course offers 16 hours of POST CLEE credit in the following areas:

- 2 - Legal Studies
- 6 - Interpersonal Perspectives
- 8 - Technical Studies

## IMPORTANT NOTE

Attendees must be present for the entire training on both days to get credit. No partial credit will be given.

6605 Business 50 West  
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

**MOSHERIFFS.COM**

## **FREE** Law Enforcement Chaplaincy Training POST #24363

The Chaplain should seek to bring comfort and consolation to persons involved in accidents OR natural catastrophes or to those who have been confronted with death. This 16-hour course is designed to help these qualified and experienced professionals provide meaningful emotional support, spiritual support, and pastoral care to all who have been affected.

## TOPICS INCLUDE

- Designing a Three Tier Chaplain's Program
- The Chaplain and the Law
- Adult Care Chaplaincy
- Basics of Grief counseling
- Death Notifications
- The Difference Between Pastoral Care and Spiritual Care
- Spiritual Care Dos and "Don'ts"
- Spiritual Care in Times of Disaster
- The Purpose of the Law Enforcement Chaplain

## CLASS SIZE

Limited to 25. Class may be cancelled for insufficient enrollment.

## FOR MORE INFORMATION

Contact Lindell Howard at 605-770-1936

## REGISTRATION INFORMATION

Complete and email the attached registration form to Donna Arney at [donna@msheriffs.com](mailto:donna@msheriffs.com).

STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING



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## REGISTRATION FORM

### COURSE INFORMATION

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Host Agency: \_\_\_\_\_

Location address: \_\_\_\_\_

Instructor: \_\_\_\_\_

### ATTENDEE INFORMATION

Agency Name: \_\_\_\_\_

Contracted: (Yes/No) \_\_\_\_\_ Number Attending: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Email: \_\_\_\_\_

### COST INFORMATION

Contracted Agency .....\$ \_\_\_\_\_ / per person \$ \_\_\_\_\_

Non-Contracted Agency.....\$ \_\_\_\_\_ / per person \$ \_\_\_\_\_

### PAYMENT METHODS

Bill my credit card. VISA \_\_\_\_\_ MC \_\_\_\_\_ DISCOVER \_\_\_\_\_  
 # \_\_\_\_\_ Exp \_\_\_\_\_  
 3-digit security code \_\_\_\_\_ (Located on back)

Enclosed is a check/money order. Check # \_\_\_\_\_

Total Enclosed ..... \$ \_\_\_\_\_

Signature \_\_\_\_\_

Send Registrations To