

**VOLUNTEER CHAPLAINS
APPLICATION FORM**

NAME _____
Last First M.I.

Spouse _____

ADDRESS _____
Street State ZIP

PHONE _____ PHONE _____

E-mail _____

EDUCATION _____

EXPERIENCE _____

Foreign Languages: _____

Availability: (Chaplains Committee will choose one day for four hours)

Morning Sun___ M___ T___ W___ Th___ F___ Sat___

Afternoon Sun___ M___ T___ W___ Th___ F___ Sat___

Evening Sun___ M___ T___ W___ Th___ F___ Sat___

Available: Days per week _____ Days per month _____

PRESENT CHURCH _____

Name of Church Years

PREVIOUS CHURCH _____

Name of Church Years

PREVIOUS CHURCH _____

Name of Church Years

What do you feel should be your roll as a volunteer chaplain? _____

Which of your spiritual gifts could be used here at the hospital? _____

Where do you draw the line concerning witnessing, spreading the gospel, or proselytizing while on duty? _____

How do you know when someone does not want to talk, or is tired, or is ill? _____

Why is it important to keep patient information confidential? _____

Signature _____

Date _____

TO PROTECT OUR PATIENTS

Applicant's Name

Date of Birth

Social Security #

Driver's Licenses number

Aliases _____

Present or Previous Employer's _____

Name

Address

Phone

How long have you lived in your present home? _____

Where did you live prior to this? _____

Did you live any other place within the past 10 years? _____

Have you ever been convicted of a felony? If yes. Where? When? Explain. _____

Have you ever been treated for a mental disorder that might cause you to hurt yourself or someone else?
If so explain. _____

Do you mind if the hospital checks up on your references and background? If yes, explain.

Signature

Date

CONFIDENTIAL MINISTER'S REFERENCE FORM
FOR
HOSPITAL VOLUNTEER CHAPLAINCY
(To be completed by a minister or religious leader of the Applicant)

Name of the Hospital _____

Volunteer Chaplain Applicant's Name _____

Minister Completing Form _____

Address _____

Phone _____

How long have you known the applicant? _____

Your perception of them for a Hospital Volunteer Chaplain (Circle One)

Asset Somewhat Helpful Undecided Cautious Reservations

Is he/she caring? (Circle One) Very – Most Always – Undecided – Slightly – Not Often

Is he/she tactful? (Circle One) Very – Most Always – Undecided – Slightly – Not Often

Can he/she keep names and situations confidential? (Circle One)

Very – Most Always – Undecided – Slightly – Not Often

Any other comments you would like to add... _____

Please mail to: Local Health Management Hospital

Address:
