

**Application for Membership
Chaplain on Call Ministry Program
Henry Medical Center**

Name of Applicant _____ Date: _____
Birthdate M/D/Y: _____
Home Address: _____
City: _____ State _____ Zip _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Beeper: _____
Fax Number: _____ Email Address: _____
Mailing Address, if different than home: _____
Name of Church or Faith Community: _____

Education

College: _____
Degree: _____ Date: _____
Seminary: _____
Degree: _____ Date: _____
Other Graduate Education: _____
Degree: _____ Date: _____
Ordination: _____ If yes, date: _____
Other: List all continuing education courses or programs you have attended that relate to the areas of theology, pastoral care and interpersonal communication:

Denominational or Faith Group Information

On the following lines, please list a denomination contact that can verify your relationship in that denomination. If you are a member of an independent faith group, please list your certifying association, or some suitable person, in a supervisory position, that can verify your relationship with that particular faith group.

Name of Church or Faith Community: _____
Title or Role: _____ Name: _____
Address: _____
Home Phone: _____ Work Phone: _____

Employment Background

Denomination or Faith Group: _____

List of Faith Communities served & dates: _____

List of secular employment if within the last ten years:

Clinical Pastoral Education

Center: _____

Number of Units: _____ Dates: _____

Personal References

These individuals should be *in addition* to the denomination reference listed on page 2. They should know your ministry well and not be related to you. Please give complete information as to how they may be contacted:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

Essay

Please write a brief paragraph: "What you expect to give & receive from this ministry":

Statement: The above information is accurate and honest. I give my permission for my references to be contacted.

Signature