Piedmont HENRY

Application for Membership
Chaplain on Call Ministry Program
Piedmont Henry Hospital

Date:_____

Name of Applicant_____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:_____

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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 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