

**DEPARTMENT OF PASTORAL CARE  
ASSOCIATE CHAPLAIN PROGRAM APPLICATION**

Date \_\_\_\_\_

**SECTION 1: GENERAL INFORMATION**Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_

Home Address (City, State, Zip) \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address: personal \_\_\_\_\_ business/church \_\_\_\_\_

Have you ever been convicted of anything other than minor traffic violations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes,  
Please explain. \_\_\_\_\_

(Conviction of a crime does not automatically ban you from being a volunteer - other circumstances will be considered.)

In compliance with CMS guidelines, all volunteers must have had the Covid-19 vaccine (check the correct blank). \_\_\_\_\_ I have been vaccinated. \_\_\_\_\_ I have been vaccinated and boosted. \_\_\_\_\_ I have not been vaccinated. \_\_\_\_\_ I am willing to get the vaccine. \_\_\_\_\_ I do not intend to get the vaccine.

**SECTION 2: CLERGY APPLICANT ONLY**

Name of Church Currently Serving \_\_\_\_\_ Telephone \_\_\_\_\_

Church Address (City, State, Zip) \_\_\_\_\_

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

Pastoral Employment Status: \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ Other-Explain \_\_\_\_\_

**Education Background:**

College – Name \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Seminary – Name \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Post Graduate – Name \_\_\_\_\_

Degree/Certification \_\_\_\_\_

CPE – Name \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Other (list) – Name \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Clergy Professional Endorsement: Ordained \_\_\_ Commissioned \_\_\_ Licensed \_\_\_ by: \_\_\_\_\_

Church/Denomination Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Immediate Supervisor/Chairperson: \_\_\_\_\_

Address, City, State, Zip & Telephone Number: \_\_\_\_\_

Are you considered clergy by your church? \_\_\_\_\_

Are you APC (Association of Professional Chaplains) Board Certified? \_\_\_\_\_

Employment History: (Give Brief Description)

<u>Church Served</u>	<u>Position</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: \_\_\_\_\_

**SECTION III: LAY APPLICANTS ONLY**

Education Background \_\_\_\_\_

Professional Experience \_\_\_\_\_

Ministry Experience \_\_\_\_\_

Special Training/Classes \_\_\_\_\_

Church Involvement: Name \_\_\_\_\_

Ministry/Service Type \_\_\_\_\_

**SECTION IV: CPE STUDENTS ONLY**

Education Background \_\_\_\_\_

Supervisor \_\_\_\_\_

Contact Info (email address and phone) \_\_\_\_\_

Church Name \_\_\_\_\_

Training \_\_\_\_\_

Future Goals \_\_\_\_\_

**SECTION V: REFERENCES (OTHER THAN FAMILY)**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

PERSON TO CALL IN CASE OF EMERGENCY: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**SECTION IV: OTHER**

Please list other experience that might be helpful to you as an Associate Chaplain: (For example, Volunteer Chaplain at another hospital)

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Times: \_\_\_\_\_ 8 A.M. - 4 P.M.  
\_\_\_\_\_ 4 P.M. - Midnight  
\_\_\_\_\_ Midnight - 8 A.M.

What days are best for you?

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have given on this application is true and complete. I also understand that participation is conditional on satisfactory replies from references and health screening. If qualified for volunteer service, I agree to abide by the rules and regulations of Lexington Medical Center, the policies and procedures of the Associate Chaplain Program and the Department of Pastoral Care, and I will respect the confidentiality of patient information at all times.

I agree to work at least one shift per month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you first hear about the Associate Chaplain program? \_\_\_\_\_  
\_\_\_\_\_

Tell of a time you worked with people of other/no faith. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your comfort level with the following: (1 being 'Uncomfortable' & 4 being 'Very Comfortable')  
\_\_\_\_ Meeting strangers \_\_\_\_ Being around dying people \_\_\_\_ High Stress Situations \_\_\_\_ Accepting people of various faith groups \_\_\_\_ Walking into the unknown