

Johnston Health Spiritual Care Services
509 N. Brightleaf Blvd.
Smithfield, NC 27577
(919) 209-3655

Chaplain Volunteer Application

To the Applicant: We appreciate your interest in Johnston Health and we are sincerely interested in your qualifications to serve our staff, patients and their families. Questions on this application are asked for the sole purpose of considering you for volunteer service.

Name: _____ **Date:** _____

Address: _____

Email Address: _____

Telephone:

Home: _____

Work: _____

Other/Cellular Phone: _____

Education:

High School: _____ Graduate? (Yes or No)

College: _____ Graduate? (Yes or No)

Business or Trade School: _____ Graduate? (Yes or No)

Other (Please specify): _____ Graduate? (Yes or No)

Graduate School/Seminary: _____ Graduate? (Yes or No)

Please list the degrees you have obtained:

1. _____

3. _____

2. _____

4. _____

Volunteering as a Chaplain requires availability overnight and on weekends. Are you available to support patients, family and staff overnight and on weekends? Yes/No

Have you ever done volunteer work before? Yes / No

If so, where? _____

Please indicate where you would like to volunteer:

_____ Johnston Medical Center-Smithfield and Johnston Medical Center-Clayton

_____ SECU Hospice House of Johnston Health

_____ Both

Do you have any disabilities that would limit your service as a Volunteer Chaplain? Yes / No

If yes, please explain:

Are you fluent in any foreign language? Yes / No

Please Specify Language(s): _____

References: Please attach a signed reference letter from a denominational official to your completed application.

Please provide an additional reference (a long-term acquaintance other than a relative):

Name: _____

Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Years Known: _____

In case of emergency, notify:

Name: _____ Phone: _____

Name of your Church/Congregation: _____

Denominational Affiliation/Faith Group: _____

Role in Church (i.e. pastor, layperson, deacon, etc.): _____

If Ordained/Licensed, please indicate Ordaining/Licensing authority and date:

If bi-vocational, your occupation: _____

Clinical Pastoral Education:

Hospital/Hospice/Parish Name	Number of Units Completed	Dates

Other relevant experience/education:

Please state the following briefly.

What is your motivation for applying to become a Volunteer Chaplain?

What are areas related to Chaplaincy that you think you might need to learn more about?

What is the role and function of a Chaplain in your opinion?

(If applying to volunteer at SECU Hospice House) What do you think helps a person have a good dying experience?

(If applying to volunteer at SECU Hospice House) Why do you want to volunteer with the SECU Hospice House of Johnston Health and provide ministry to the dying and their families?

I hereby release from liability Johnston Health and its representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications, and I release from any liability any and all individuals and organizations who provide information to Johnston Health in good faith and without malice concerning my professional competence, ethics, character and other qualifications for volunteering, and I hereby consent to the release of such information.

Signature of Candidate

Date

For Office Use Only:

Candidate approved: _____ Not approved: _____

Spiritual Care Department

Volunteer Chaplain Advisory Council

Volunteer Chaplain Advisory Council

Volunteer Chaplain Advisory Council

Date