

## Clergy Staff Application

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Name & Address of Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

Pastor     Assistant Pastor     Other ( \_\_\_\_\_ )

Full Time     Bi-vocational

Endorsed by: (to be completed by authorized person from your church)

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Ordained:  Yes     No    Date of Ordination: \_\_\_\_\_

Ordained by what Authority: \_\_\_\_\_

Address of Ordination Authority: \_\_\_\_\_

Phone Number of Assoc. or District Office: \_\_\_\_\_

Do you want a certificate yearly giving .1 CEU credit for each meeting attended?

Yes     No

Application fee: \$15:00 (Make checks payable to: Self Regional Clergy Staff)

In consideration of the visitation privileges extended and in accepting appointments to the Clergy Staff of this hospital, I hereby agree to accept the regulations as listed in the "Clergy Staff Constitution" and "Policies and Procedures" as necessary to the orderly management of patient needs.

Signature of Applicant \_\_\_\_\_