



MercyhealthTM
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Pastoral Services Department

VOLUNTEER CHAPLAIN APPLICATION

(Please Print)

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Place of Work _____ Position _____

Your email _____ Best way to reach you: email ___ phone ___

Social Security Number _____

In the event of an emergency, notify _____

Relationship _____ Phone _____

How did you find out about our program? _____

How many units of Clinical Pastoral Education (CPE) have you completed? _____

(CPE is normally required. If you have not completed any CPE, please include a letter from a Pastor/Imam/Rabbi/Minister explaining why you would be a good volunteer chaplain.)

Education or Other Special Training: (Theological Courses, Stephen Ministry, C.P.E., Spiritual Formation for this ministry; experience in Pastoral Ministry or Chaplaincy)

Preferred Times to Volunteer:

weeknights__ weekend day__ weekend night__ weekdays__

Sun.___ Mon.___ Tues.___ Wed.___ Thurs.___ Fri.___ Sat.___

Signature _____ Date _____

Return your completed application, along with a current resume, to Chaplain Pam Willey, Pastoral Services Mercyhealth Riverside Campus. Or email Pam at pwilley@mhemail.org