



Spiritual & Religious Care

- Volunteer Application
 Clergy Privileges Application

Date of Application:
Date of Interview:
<input type="checkbox"/> Identification Verified
Date of Orientation:

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Rev. <input type="checkbox"/> Father		Given Names					
Number/Street/Apt.			City			Postal Code	
Home Telephone				Business Telephone			
Occupation				Email			
Previous Spiritual Care Experience:							
Proof of Faith Group Endorsement:							
Faith Group Contact:							
Language(s) Spoken:							
<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> South Asian, specify: _____ <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Other: _____							
Emergency contact name			Relationship			Phone	
Availability (check all appropriate boxes)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide three current references:							
1.							
2.							
3.							
Do you have any objections to functioning in a multifaith environment? <input type="checkbox"/> No <input type="checkbox"/> Yes - elaborate							
What purpose does Spiritual & Religious Care fulfill in the life of a hospital patient and their family?							
Are you capable of functioning in an environment where proselyting of one's faith is forbidden? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you were a patient in this hospital, how would you like your spiritual needs addressed?							

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(continued)

As a Spiritual & Religious Care volunteer or clergy with visiting privileges, I accept the responsibility to maintain current knowledge/understanding of my role and remain current on all emergency code procedures. I commit to participating in training and evaluation activities.

I am aware that I must be in good standing with a recognized faith group and be willing to provide yearly proof of endorsement of said group if asked to do so.

I am aware that I am entering an 'at pleasure relationship'. In the event that my volunteer involvement is not compatible with the hospital requirements or contravenes Multifaith guidelines, the decision of the Coordinator of Spiritual & Religious Care or Director of Organizational Development will be final (i.e. retraining or termination).

I hereby grant permission for my personal contact information (phone number and email) to be shared with my placement supervisor and other volunteers in my work area for the purposes of scheduling and relaying information.

Signature: _____ **Date:** _____

<input type="checkbox"/> Spiritual & Religious Care Manual Given	Date of Next Training Session	
<input type="checkbox"/> Smoking Regulations	<input type="checkbox"/> Parking	<input type="checkbox"/> Name Tag
<input type="checkbox"/> Fire Procedures	<input type="checkbox"/> Absence	<input type="checkbox"/> Signing In
<input type="checkbox"/> Emergency Codes	<input type="checkbox"/> Wheelchairs	<input type="checkbox"/> Lockers
<input type="checkbox"/> Confidentiality	<input type="checkbox"/> Memo Box	<input type="checkbox"/> Dress Code
<input type="checkbox"/> Tuberculosis Testing		<input type="checkbox"/> Mission

OFFICE USE

Placement	Date Placed	Day(s)	Time	Review Date