



OAKLAND

Spiritual Care Volunteer Application

FOR OFFICE USE
Date of Interview: _____
Date of Active Membership: _____

Date: _____

NAME _____ **E-MAIL:** _____

ADDRESS _____
Street City State Zip

TELEPHONE _____
Home Cell

EMERGENCY CONTACT _____
Name Phone Relationship

REFERRAL SOURCE
How were you referred to our Spiritual Care Services at POHRMC?
 Friend / Relative Another Volunteer Self-Inquiry
 Direct Mail Club / Organization Other

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

List below the education you have since high school in professional or business schools, colleges, universities, or clinical pastoral education.

School Name / Address	Course or Major	Degree of Certification	Year

PROFESSIONAL DATA

Date of ordination/Licensure/Appointment _____

By whom: Organization/Religious Agency Affiliation _____

MINISTRY VOLUNTEER / PAID EXPERIENCE (if applicable)

1. Organization / Congregation _____

Nature of Ministry _____

Dates of Service _____ Phone _____

Contact _____
Name Address: Street, City, State, Zip Code

2. Organization / Congregation _____

Nature of Ministry _____

Dates of Service _____ Phone _____

Contact _____
Name Address: Street, City, State, Zip Code

CURRENT RELIGIOUS PARTICIPATION

Current Congregation _____ City: _____
Affiliation _____
of years attended _____

AVAILABILITY

Please indicate the time commitment you are planning to make if your application is accepted by Volunteer Services? (ex: 10am – 12pm)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Total number of hours per week you would like to volunteer _____ (minimum 4 hours per week required)

Please note your area of interest to volunteer in the Spiritual Care Department:

- Ministers of Care Volunteers Visit patients to provide spiritual support, prayer, scripture reading and conversation.
- Eucharistic Minister Provide communion wafers and a blessing to patients.
- "No One Dies Alone" Companions Sit with patients while they are actively in the dying process. Their role is to ensure that no one is alone at death and that they would die with dignity and in comfort.
- Clerical Volunteers Provide assistance to Spiritual Care Office. Telephone and computer skills needed.
- On-Call Ministers of Care Same duties as Ministers of Care that serve on an on-call list for staff to call in when needed in urgent situations. No minimum hours are required.
- Quilt Makers Make comfort quilts to be given to terminal and/or very ill patients.

AUTOBIOLOGICAL STATEMENT

Attach to the application on separate sheets of paper a brief summary that tells why you would like to serve as a member of the POHRMC Spiritual Care Service. Include a reasonably full account of your life (important events and relationships with persons who have been significant to you and how they impacted on your development and interest in pastoral ministry). Discuss the development of your religious life, religious organizations you have been associated with, your participation in ministry of these organizations, as that relates to your decision to volunteer for pastoral ministry. Also include any other significant religious experiences.

REFERENCES

Please provide a formal Letter of Statement/Endorsement by a Spiritual Leader/Pastor: List 4 references that are 18 years or older and non-family members. **Please include COMPLETE addresses.**

Name	E-mail Address	and/or	Street Address: Street, City, State, Zip	Phone
Name	E-mail Address	and/or	Street Address: Street, City, State, Zip	Phone
Name	E-mail Address	and/or	Street Address: Street, City, State, Zip	Phone
Name	E-mail Address	and/or	Street Address: Street, City, State, Zip	Phone

Have you ever been convicted of a crime, including a misdemeanor? Yes No If yes please explain: _____

Are there any felony charges outstanding? Yes No If yes please explain: _____

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and I specifically authorize POH Regional Medical Center to contact my references to obtain verification and to discover information about me they deem relevant. Misrepresentation of facts constitutes cause for separation from Volunteer Services at POHRMC.

Signature _____ Date _____ Date of Birth _____