



Florence Medical Center

VOLUNTEER CHAPLAINCY APPLICATION

NAME: _____ **BIRTHDAY (month/day only)** _____

HOME MAILING ADDRESS: _____

HOME PHONE: _____ **EMAIL:** _____

CELL: _____

DENOMINATION AFFILIATION: _____

CURRENT PASTORAL POSITION: _____

HOW LONG: _____

CHURCH: _____

ADDRESS: _____ **PHONE NO:** _____

PLEASE SUBMIT A COPY OF ORDINATION CERTIFICATE OR A LETTER OF ENDORSEMENT TO VERIFY ORDINATION FROM YOUR CHURCH / DENOMINATION WITH THIS APPLICATION. PLEASE PROVIDE A LETTER OF RECOMMENDATION ON BUSINESS LETTERHEAD THAT IS DIFFERENT THAN APPLICATION REFERENCES.

EDUCATIONAL RESUME: LIST DEGREES RECEIVED

YEAR

OTHER CREDENTIALS, ACHIEVEMENTS, LICENSE:
