

Covenant Health System Spiritual Care Visiting Clergy/Volunteer Application

Name (Last, First, Middle)	Date
Drivers License State & Number	Social Security Number - -
Date of Birth: month day year	Please attach copy of drivers license.
Street Address	Home Telephone: Cell Phone:
City, State, Zip	Email address:
Preferred Method of Contact:	

<p>Have you ever been convicted of a felony or misdemeanor? Yes No (A conviction may be relevant if job-related, but does not necessarily bar you from volunteering.) If YES, state circumstances, place(s), date(s):</p>
<p>Please list your choice of availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday AM PM</p>
<p>Special information/concerns we need to know: (health, skills or training, language, etc.) Church Affiliation:</p>
<p>Emergency Contact Name, Number and Relationship:</p>
<p>Are you interested in assisting with special projects/recruiting? Yes No</p>
<p>How did you here about our volunteer program? Friend Internet Advertisement Other Self Publication</p>
<p>Name & number of two personal references: 1) 2)</p>