

**HALIFAX REGIONAL HOSPITAL  
PASTORAL CARE SERVICES  
ASSOCIATE CHAPLAIN PROGRAM APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (O) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Church Currently Serving / Attending \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School – College, Seminary, and/or Graduate Studies	Degree	Year
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Denominational Affiliation \_\_\_\_\_

Ordination Date \_\_\_\_\_ Licensure Date \_\_\_\_\_

**PREVIOUS CHAPLAINCY EXPERIENCE**

Institution	Year
_____	_____
_____	_____

**CLINICAL PASTORAL EDUCATION**

CPE Center	Dates	Units
_____	_____	_____
_____	_____	_____

**PASTORAL COUNSELING EXPERIENCE (Years)** \_\_\_\_\_

(Where) \_\_\_\_\_

Other credentials, workshops, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your gifts of ministry which you will bring to Halifax Regional Health Systems and our Chaplaincy Program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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After approval by Manager of Guest/Pastoral Care Services or Designee, I agree to attend the Hospital Orientation Program, and in accordance with all program guidelines agree to serve as a responsible Associate Chaplain.

\_\_\_\_\_  
Signature Date