



Lower Lights

Christian Health Center

Spiritual Care Provider Application

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____

PHONE: (H) _____ (C) _____

NAME OF SPOUSE (if married) *[voluntary]* _____

CHURCH AFFILIATION *[voluntary]* _____

EDUCATION: HIGH SCHOOL ____ COLLEGE ____ GRADUATE ____

SCHOOL/UNIVERSITY _____

CURRENT EMPLOYMENT: _____

POSITION: _____ HRS/WEEK: _____

PREVIOUS VOLUNTEER EXPERIENCE: YES ____ NO ____

WITH WHAT ORGANIZATION (S)? _____

HRS/WEEK YOU COULD VOLUNTEER: _____

Do you have any past or pending criminal charges or convictions? If yes, please provide date and explanation. ____ Yes ____ No

FOR OFFICE USE ONLY

Date Received: ____/____/____

COC Approval: _____ ____/____/____

COO/CEO Approval: _____ ____/____/____

The Spiritual Care Ministry training requirement is a minimum of 12 hours. On-going in-service training may take place after the initial training period. A commitment of one day or one half-day per week will begin after the initial training period. Are you able to give this time? _____

Personal experience

What are your current church and volunteer activities?

Why do you feel called to this ministry of helping hurting people?

Preferred

Please describe your personal relationship with Jesus Christ: salvation, personal growth in relationship with God, Jesus and the Holy Spirit.

Have you had experience in sharing your faith with other people? If so, describe.