



Spiritual Care/Volunteer Services
509 N. Brightleaf Blvd., Smithfield, NC 27577
(919) 209-3655

Chaplain Volunteer Application

We appreciate your interest in UNC Health Johnston and are sincerely interested in your qualifications to serve our staff, patients and their families. Questions on this application are asked for the sole purpose of considering you for volunteer service. Acceptance as a volunteer is contingent upon satisfactory references and criminal background check and verification of information submitted on this application.

UNC Health Johnston is committed to a policy of equal opportunity for all applicants regardless of race, religion, national origin, ancestry, sex, sexual preference, age, marital status or disabilities. UNC Health Johnston operates as an at-will organization which means that association can be terminated with or without cause, at any time, by either party, with or without notice, at the option of UNC Health Johnston or at the option of the volunteer.

Name: _____ Date: _____

Address: _____

Email Address: _____

Telephone: Home: _____ Work: _____ Other/Cell _____

Education:

High School: _____ Graduate? (Yes or No)

College: _____ Graduate? (Yes or No)

Other (Please specify): _____ Graduate? (Yes or No)

Graduate School/Seminary: _____ Graduate? (Yes or No)

Please list the degrees you have obtained:

1. _____ 2. _____ 3. _____ 4. _____

As Chaplains we provide spiritual care for patients, visitors, and staff at UNC Health Johnston Smithfield, Clayton, and the SECU Hospice House. Volunteering as a Chaplain requires availability overnight and on weekends. Are you available to support patients, family, and staff overnight and on weekends? Yes / No

Have you ever done volunteer work before? Yes / No

If so, where? _____

Do you have any limitations that would affect your ability to perform the essential job functions of the position(s)? Yes/No

If yes, please explain:

Are you fluent in any foreign language? Yes / No

Please Specify Language(s): _____

References: Please attach a signed reference letter from a denominational official to your completed application.

Please provide an additional reference (a long-term acquaintance other than a relative):

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Years Known: _____

Name of your Church/Congregation: _____

Denominational Affiliation/Faith Group: _____

Role in Church (i.e. pastor, layperson, deacon, etc.): _____

If Ordained/Licensed, please indicate Ordaining/Licensing authority and date:

If bi-vocational, your occupation: _____

Clinical Pastoral Education:

Name of CPE center: _____ # of units completed: _____

Name of CPE center: _____ # of units completed: _____

Other relevant experience/education:

Please state the following briefly.

What is your motivation for applying to become a Volunteer Chaplain?

What are areas related to Chaplaincy that you think you might need to learn more about?

What is the role and function of a Chaplain in your opinion?

What do you think helps a person have a good dying experience?

____ I hereby certify the answers on this application and any given during interviews are true and correct and any misrepresentations or omissions of facts, misleading or false information on my part will be grounds for dismissal as a UNC Health Johnston Volunteer. I therefore authorize UNC Health Johnston to make such investigations and inquiries as you deem necessary in arriving at a decision to accept me as a volunteer.

____ I authorize UNC Health Johnston to conduct a criminal background investigation. I understand if the information provided by me is determined to be false or if I have failed to give any information herein requested, I will no longer be considered for volunteer work. In the event of my acceptance as a volunteer, if the above occurs, this may be cause for dismissal.

I hereby release from liability UNC Health Johnston and its representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications, and I release from any liability any and all individuals and organizations who provide information to UNC Health Johnston in good faith and without malice concerning my professional competence, ethics, character and other qualifications for volunteering, and I hereby consent to the release of such information.

Signature of Candidate

Date

For Office Use Only:

Approved: _____ Not Approved: _____

Spiritual Care/Volunteer Services

Date