

**Johnston Health Spiritual Care Services**  
**509 N. Brightleaf Blvd.**  
**Smithfield, NC 27577**  
**(919) 209-3655**

**Chaplain Volunteer Application**

We appreciate your interest in Johnston Health 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.

Johnston Health 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. Johnston Health 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 Johnston Health 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 Johnston Medical Center-Smithfield, Johnston Medical Center-Clayton, and the SECU Hospice House of Johnston Health. 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 Johnston Health Volunteer. I therefore authorize Johnston Health to make such investigations and inquiries as you deem necessary in arriving at a decision to accept me as a volunteer.

\_\_\_I authorize Johnston Health 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 Johnston Health 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 Johnston Health 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: \_\_\_\_\_

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Spiritual Care Services

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Volunteer Chaplain Advisory Council

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Volunteer Chaplain Advisory Council

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Volunteer Chaplain Advisory Council

\_\_\_\_\_  
Date