

**Northumberland Hills Hospital  
Spiritual Care Provider Volunteer Application**

**Please email application and a *\*copy of your resume\** to:**

[volunteerapplications@nhh.ca](mailto:volunteerapplications@nhh.ca), Manager of Volunteers, Northumberland Hills Hospital

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_  
(First Name) (Surname)

**Address:** \_\_\_\_\_  
(Postal Code)

**Telephone:** Home: \_\_\_\_\_ Cell/Business: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Person to contact in case of illness/injury:** \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Cell/Business: \_\_\_\_\_

**EXPERIENCE:**

**1. Name of Denomination/Faith Group/Spiritual Community you are currently serving/attending:**

\_\_\_\_\_

**Address:** \_\_\_\_\_  
(Postal Code)

**Telephone:** \_\_\_\_\_

**Role in the Organization:** \_\_\_\_\_

**2. Name of second Denomination/Faith Group/Spiritual Community (if applicable):**

\_\_\_\_\_

**Address:** \_\_\_\_\_  
(Postal Code)

**Telephone:** \_\_\_\_\_

**Role in the Organization:** \_\_\_\_\_

**EDUCATION:**

School: \_\_\_\_\_  
(College Certificate)

Seminary and or  
Grad Studies: \_\_\_\_\_  
(Degree) (Denominational Affiliation)

Ordained:  
Y or N (Ordination Institute Name) (Ordination Date) (Licensure Date)

Spiritual Care/Visitation: Training: Counselling Training: Ethical Training:  
Y or N Y or N Y or N

Clinical Pastoral  
Education  
(CPE): \_\_\_\_\_  
(Institution Name) (Length of Education)

**PREVIOUS CHAPLAINCY EXPERIENCE:**

Please list all experience below: (Years, Organization, Activities, Length of Service)

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

**OTHER:**

List other credentials, workshops, etc. that may be relevant below, include year obtained:

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

Please tell us about your gifts of ministry that you will bring to NHH SCP Program:

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

Provide two references. One of the two may be a personal reference:

1. Name: \_\_\_\_\_  
(First Name) (Surname) (Relationship)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(First Name) (Surname) (Relationship)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_