



# ORO VALLEY HOSPITAL

## Volunteer Chaplain Application

Name \_\_\_\_\_  
Last First Middle Initial Title

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Do you have ordination and ecclesiastical endorsement \_\_\_\_\_

If yes, by what religious organization? \_\_\_\_\_

Please attach a copy of your ordination certificate.

What ecclesiastical, ministerial or chaplain organizations do you have membership in.

What seminars or courses have you attended concerning grief counseling or other types of counseling that would be useful in the hospital environment?

Have you ever volunteered in a hospital before? Yes [ ] No [ ]

If Yes, where? \_\_\_\_\_

Have you ever been convicted of a felony Yes [ ] No [ ]

Have you ever been convicted of a misdemeanor Yes [ ] No [ ]

Are you seeking to volunteer for court ordered community service Yes [ ] No [ ]

### In Case of Emergency, Please Notify

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

#### \*\*\*Please include

✿ 2 letters of recommendation

✿ Proof of MMR Vaccinations \_\_\_\_\_ or MMR Immunity \_\_\_\_\_

**Certification and Authorization**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies and regulations of Oro Valley Hospital.

I authorize Oro Valley Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

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

**Please Return to:**

Mary M. Toth  
Volunteer Services Coordinator  
Oro Valley Hospital  
1551 E Tangerine Rd  
Oro Valley, AZ 85755