



Pastoral Care Volunteer Application

Please return completed Pastoral Care Volunteer application and Code of Conduct Application in the envelope provided.

Volunteer Resources will contact you when your criminal records screening is received to arrange volunteer orientation.

If you have any questions please contact:
Regional Volunteer Resources Department
Western Health
Corner Brook, NL A2H 6J7
709-637-5369
shelleyblackler@westernhealth.nl.ca

I would like to volunteer at the following location(s):

- | | |
|--|--|
| <input type="checkbox"/> Dr. Charles L. Legrow Health Centre | <input type="checkbox"/> Bonne Bay Health Centre |
| <input type="checkbox"/> Corner Brook LTC | <input type="checkbox"/> Calder Health Care Centre |
| <input type="checkbox"/> Sir Thomas Roddick Hospital | <input type="checkbox"/> Western Memorial Hospital |
| <input type="checkbox"/> Bay St. George LTC | <input type="checkbox"/> Rufus Guinchard Health Centre |

I will be volunteering:

- Church Group (Providing music, assisting with worship services, assisting residents to attend worship, etc)
- Pastoral Visitor (Providing direct pastoral visitation to patients and residents on behalf of a faith group)

Name: _____ Postal Code: _____

Mailing Address: _____ Town: _____

Home Phone: _____ Cell: _____

Email: _____

Clergy's Name: _____ Faith Group: _____

Do you have training in pastoral visitation? Yes No

If yes, please describe: _____

Do you have previous hospital/long term care visitation experience? Yes No

If yes, at which facility? _____

Applicant's Signature

Date

To be completed by your clergy:

I am aware that the above listed individual has applied to volunteer with Pastoral Care Services at Western Health. I confirm that they are in good standing within our congregation and they are permitted to represent our faith group at Western Health as a pastoral care volunteer.

Clergy's Signature

Date

Orientation completed: (Office Use) _____

Oath of Confidentiality: (Office Use) _____

May 2011