

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
Spiritual Care Volunteer Program Application
Authorization

If you are a Eucharistic Minister:

Please have the following completed by your Parish Priest or designated Eucharistic Minister Leader.

All other volunteers, except ordained or licensed clergy:

Please have your senior Pastor, Rabbi, or other denominational or faith group representative complete the following section.

For Licensed, Ordained, or Appointed Clergy:

Please complete and sign the authorizing representative below and provide us a copy of your official document(s).

Authorization:

I understand that my authorizing signature indicates that said congregation wishes the below-named spiritual care volunteer to have 24 hour access to SVMH, including reserved parking and that said spiritual care volunteer will perform within the duties outlined in the Spiritual Care Volunteer job description and comply with all hospital regulations (i.e. TB Screening, annual safety training, proper name badge identification, and patient confidentiality). Annual compliance in all areas is required for continued privileges.

Authorizing Signature: _____ Title: _____

Name of Religious Institution: _____

Name of Authorizing Representative: _____

Title of Authorizing Representative: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

How do you know this person: _____
