



**BRIGHAM & WOMEN'S HOSPITAL
PARTNERS HEALTHCARE SYSTEM, INC.**

SPIRITUAL CARE VOLUNTEER APPLICATION

Name: _____

Address: _____

Telephone: (_____) _____ Home Work Cell Other

Email: _____

References

Clergy, Spiritual Community, or Philosophical Leader (current):

Address: _____

Telephone: _____

Other:

Address _____

Telephone _____

Please write a statement (one to two pages) about why you would like to become a Spiritual Care Volunteer. You can write it on the back of this application or attach a separate sheet.

Please return the application and statement to:

**Kevin Long
Spiritual Care Services Department
Brigham & Women's Hospital
75 Francis Street
Boston, MA 02115.**

Please note that a more detailed application from the Volunteer Department, including authorization for a CORI check for criminal background, will follow upon acceptance. All volunteers who are accepted to this program will have to attend a mandatory hospital orientation and occupational health screening, as well as training within the Spiritual Care Services Department.