



ELDER CARE CHAPLAIN APPLICATION

Please Mail To: 18002 19th Ave NE, Arlington, WA. 98223

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

How did you hear about Elder Care Chaplains?

Why are you considering becoming a Care Chaplain?

**Do you feel like God is calling you to minister to the elderly?
If so, why?**

Education:

Employment Background:

Skills, Hobbies, Special Training:

Please share a brief overview of your faith story:

References:

- **Personal:**
 - Name: _____
 - Contact Info: _____
 - Relationship: _____
 - Would this person recommend you as a Care Chaplain? _____

- **Business:**
 - Name: _____
 - Contact Info: _____
 - Relationship: _____
 - Would this person recommend you as a Care Chaplain? _____

- **Pastor:**
 - Name: _____
 - Contact Info: _____
 - Relationship: _____
 - Would this person recommend you as a Care Chaplain? _____

Any other information that would be helpful for us to know?
