



PARISH NURSING PROGRAM APPLICATION

Please complete the following using the back or additional paper as needed.

| | | | |
|-------------------|-------------------|-------|------------|
| 1. Name | | | |
| 2. Address | | | |
| 3. Home Phone | Nursing License # | State | Exp. Date. |
| 4. E-mail address | | | |

WORK EXPERIENCE

| | |
|--|------------------------|
| 5. What kinds of nursing have you done and what did you enjoy most? | |
| 6. List your work experiences in chronological order (position, employer and date) | |
| 7. May attach resume | |
| 8. Current occupation and place of employment | |
| 9. Address | |
| 10. E-mail address | |
| 11. Work phone: | May we contact? Yes No |

CHURCH AFFILIATION

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| 12. Name of local Congregation |
| 13. Denomination |
| 14. Address |
| 15. Phone |
| 16. Pastor's Name |
| 17. Describe your congregation. |
| 18. Tell about your congregational involvement, past and present. What have you found most fulfilling? What have you found challenging or frustrating? |
| 19. In your own words, describe the link between faith and health. |

EDUCATION

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| 20. Briefly describe your understanding of Parish Nursing. |
| 21. List in chronological order your post high school education. Include special training you have had and other types of learning experiences that have been meaningful to you (may be in resume). |

OTHER EXPERIENCE

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| 22. Describe your volunteer experiences in community/social/school settings. Why were you involved and what did you accomplish? |
| 23. What other life experiences have impacted your personal growth? |
| 24. What are some enjoyable experiences you have had in the last five years? |
| 25. Give your favorite scripture, prayer, poem, or hymn/chorus and describe the reason for your selection. |