

(10-27-08)

APPLICATION
CATHOLIC PASTORAL CARE HOSPITAL TEAM TRAINING PROGRAM
Befriender Ministry @ University Hospital
Baptist Hospital East
Kosair Children's Hospital
Training Program Dates: January - March 2009

Name_____

Address_____

Telephone # H_____ W_____ Cell_____

Email Address_____

Home Parish_____

1. What is 'pastoral care' ministry? How would you describe it?

2. Why are you interested in this ministry?

3. Do you have any previous training in pastoral care ministry to the sick? If so, please describe.

4. Describe any pastoral care ministry you have engaged in at your parish or within the Archdiocese.

5. Do you have any life experience working as member of a team? If so, please describe.

6. Have you cared for anyone that has been critically ill or experienced a trauma? If so, please describe your experience.

6. Have you experienced the death of a loved one within the past five years?

7. Are you a healthcare professional? Yes ___ No ___

8. Have you been employed at a hospital? If so, please describe.

9. Have you completed any CPE training? If so, indicate the name of the accredited CPE site, number of units completed and supervisor.

9. What life experiences and personal skills do you bring to this pastoral care hospital ministry?

10. Are there any family commitments and responsibilities that would affect your participation in this training program and ministry?

11. After your review of the training program description and schedule are you able and willing to make a commitment to participate in this program?

12. What is your understanding of the role of supervision and evaluation in a ministry training program?

13. Upon completion and certification are you able and willing to make a two and one-half year commitment to this Pastoral Care Team Ministry at one of the established hospital programs?

14. In what ways do you think you would personally benefit from the training and service in this ministry program?

Please complete this application and return it along with a **\$25.00 non-refundable application fee** made payable to Archdiocese of Louisville: Office of Pastoral Care **no later than Thursday January 8, 2009** to Ms. Jocelyn Frazier, Secretary for the Office of Pastoral Care, 1200 South Shelby Street, Louisville, KY 40203-2627. For any other information please call the office at 502) 636-0296, extension 1244.

After your application is reviewed you will be contacted by phone to schedule an interview with Father Paul Scaglione and/or Ms. Michelle Herberger.