

APPLICATION FOR MINISTRY PRIVILEGES

Sacred Heart Hospital, Pensacola, Florida

Date: _____

Title: Rev. Fr. Dr. Pastor Brother Sister Minister Rabbi Other: _____

Name: _____

Last

First

Middle

Church Position: _____

Church Denomination:

AME

Assembly of God

Baptist

Catholic

Church of Christ

Church of God

Community of Christ

Disciples of Christ

Episcopal

Evangelical Christian

Islamic

Jehovah Witness

Jewish

Lutheran

Mennonite

Methodist

Mormon

Nazarene

Non-Denominational

Orthodox

Pentecostal/Holiness

Presbyterian

Seventh Day Adventist

Unitarian

Other: _____

Church Represented: _____

Church Mailing Address: _____

Street

City

State

Zip

Church Telephone: _____

To whom do you report at your church: _____

Are you ordained: YES / NO *If ordained please provide a copy of your license*

If not ordained, please explain your religious endorsement: _____

Home Address: _____

Street

City

State

Zip

Home Telephone: _____

Cell Phone Number: _____

AUTOMOBILE REGISTRATION INFORMATION

Automobile tag #: _____ Make/Model: _____

Decal #: _____ Date Issued: _____

There will be a \$5.00 charge to replace a clergy parking decal

Pastoral Care Representative who collected and verified all necessary items:

SIGNED: _____

Please bring completed application and documentation to the Pastoral Care Office at Sacred Heart Hospital Pensacola. You will then be asked to go to Sacred Heart's Human Resources Dept. for your badge. Please feel free to contact us if you have any questions. Call (850)416-7928 or e-mail cholmes@shhpens.org