

The Spiritual Care Network Member Application

Check Appropriate Information

- New Member or Annual Renewal
 Individual – USD \$25
 Organization – USD \$25
 Student – USD \$25
 Retiree – USD \$25

Title: _____ Name: _____
(Dr., Rev. etc) (First, Middle Initial, Last)

For our Records Only (Not to be sold or used for third parties)

Birth date: _____
MM/DD/YYYY

Address: _____ (address line 1)
_____ (address line 2)
_____ (City, State, Zip)

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Spiritual Affiliation or Denomination: _____

Desired Username for email: _____@spiritualcarenetwork.org

Desired Username for forums: _____

(Your basic profile will be made on the forums and you will be sent a generic password to login and complete the process)

Profile Information: (If you have already filled out this form, we already have your information. Please only fill in information that has changed.)

By checking this box, I am authorizing the following information to be published on the internet for my personal profile so that others may find me. (Note: If you chose not to publish your information then please fill this form out for personal records and your information will be used for demographics/statistical and so that we may know you better. If you do not check this box it will be for our records only and will not be sold or used for third parties)

Are you currently available for providing spiritual care? ___ YES ___ NO

___ Male ___ Female ___ Professional ___ Religious ___ Lay ___ Student ___ Retired

Business Address: _____ (address line 1)
_____ (address line 2)
_____ (City, State, Zip)

Business Telephone: _____ Mobile Telephone: _____

Email Address: _____

Website: _____

Blog: _____

Spiritual Affiliation or Denomination: _____

In what languages are you able to provide spiritual care? (i.e., English, American Sign Language, Spanish, etc) _____

Primary Ministry Setting (Outlet for majority of your ministry):

<input type="checkbox"/> Hospital	<input type="checkbox"/> Parish/Church
<input type="checkbox"/> Hospice	<input type="checkbox"/> Missionary
<input type="checkbox"/> Corporation	<input type="checkbox"/> Campus
<input type="checkbox"/> Individual Setting	<input type="checkbox"/> Military
<input type="checkbox"/> Group Setting	<input type="checkbox"/> Prison
<input type="checkbox"/> Counseling Office	<input type="checkbox"/> Other: _____

I have experience providing spiritual care within the following contexts and cultures and willing to do so now:

<p>Cultures</p> <input type="checkbox"/> Foreign Cultures/People Groups (specify if desired _____) <input type="checkbox"/> African Cultures <input type="checkbox"/> Asian Cultures <input type="checkbox"/> European Cultures <input type="checkbox"/> Hispanic Cultures <input type="checkbox"/> Native Cultures <input type="checkbox"/> Young Adults <input type="checkbox"/> Children/Teens <input type="checkbox"/> Men's Issues <input type="checkbox"/> Women's Issues <input type="checkbox"/> Elderly/Mature <input type="checkbox"/> Couples/Families <input type="checkbox"/> Divorced / Widowed <input type="checkbox"/> Disabled <input type="checkbox"/> GLBT Community <input type="checkbox"/> Seekers without a Spiritual Affiliation <input type="checkbox"/> Clergy/Religious <p>Roles</p> <input type="checkbox"/> Chaplaincy <input type="checkbox"/> Clergy (Pastor, Rabbi, Imam, etc) <input type="checkbox"/> Spiritual Direction/Formation <input type="checkbox"/> Counselor <input type="checkbox"/> Lay Ministry	<p>Situational</p> <input type="checkbox"/> Addictions (specify if desired _____) <input type="checkbox"/> Dying/Sick/Hospice <input type="checkbox"/> Corporate/Workplace <input type="checkbox"/> Homeless/Low Income <input type="checkbox"/> Incarcerated <input type="checkbox"/> Mental Illness/Depression/Suicide <input type="checkbox"/> Grief and Loss/Bereavement <input type="checkbox"/> Physical, Emotional, or Sexual Abuse <input type="checkbox"/> Relationships Problems <input type="checkbox"/> Crisis/Trauma <p>Outlets for Care</p> <input type="checkbox"/> Retreat Center <input type="checkbox"/> Mentoring <input type="checkbox"/> Groups <input type="checkbox"/> Individual Care <input type="checkbox"/> Spiritual Disciplines <input type="checkbox"/> Arts/Music/Other Therapy <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other (Specify) _____
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Please list any certifications, degrees, education, and experience relevant to your spiritual care ministry:

Short Bio (include any material not already included that speaks of your spiritual care):

Are you involved in the training or mentoring of spiritual care providers? If so list experience, education, and specify how you are involved.

Are you available as a supervisor for other spiritual care providers? ___ YES ___ NO

By checking this box, I hold true that I am in agreement with the Values of the Spiritual Care Network. Values are as listed:

1. We hold that every human being has the right to spiritual care and to that end we speak and act in ways that honor the dignity and value of each individual
2. We are professionals and refrain from discrimination or misconduct when providing care to others.
3. We respect each other and support the well being of each spiritual care provider.

Referral

I was referred by: _____
(First, Middle Initial, Last)

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

OR

I belong to the following organization _____ which belongs to the Spiritual Care Network.

* If an organization pays for a subscription for a year, then the individual members of that organization may chose to create a separate account for their expertise and to maximize exposure.

NOTES:

As previously noted, we will not use any of this information for third party or for selling your information. We only will use this information for the purposes as intended either for our personal records or for the directory listing on the Spiritual Care Provider Website.

Additionally the Spiritual Care Website only serves as a way to advertise your ministry and services as well as network you with other providers. We do not hold any responsibility in the success of your ministry. We are only an additional resource.

Thank you! Please mail or [e-mail](#) to the Spiritual Care Network. Contact information below.

You may pay [online](#) or send a check payable to Fulfilled Life.

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admin@spiritualcarenetwork.org | www.spiritualcarenetwork.org