

# Application for Clergy Identification Badge

Spiritual Care and Chaplaincy Department

P.O. Box 6028

Greenville, North Carolina 27834-6028

Office: (252) 847-4790 Fax: (252) 847-5638

Email: Pastoral.Care@ecuhealth.org



Name (Printed) \_\_\_\_\_ Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Church You Serve \_\_\_\_\_

Position Title \_\_\_\_\_ Denomination \_\_\_\_\_ Predecessor's Name \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

College Attended (Name and Address) \_\_\_\_\_

Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Degree Obtained \_\_\_\_\_

Seminary (Name and Address) \_\_\_\_\_

Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

Other Degrees (College, degree date) \_\_\_\_\_

Ordained: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

Does your denomination require ordination or licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

Ordained: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

License: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_

Are you a pastor, associate pastor or youth minister employed full or part-time by a church? Yes \_\_\_\_\_ No \_\_\_\_\_

How large is your congregation? Please give the approximate number of members \_\_\_\_\_

Have you had your flu shot this year? \*Yes \_\_\_\_\_ Date: \_\_\_\_\_ No \_\_\_\_\_

***\*If you checked Yes, please provide documentation with this application. If checked No, we cannot process this application until we have proof of flu immunization. You can go to Occupational Health off Service Drive to do this the day of Clergy Orientation for no charge. This will have to be done on an annual basis to maintain visitation privileges.***

**\* This application must be accompanied by an official letter from your place of worship verifying your role, and title in the church, and need for visitation privileges.**

I have been given a copy of and have read the visitation policy for ministers: I agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Update: (Badge Number) \_\_\_\_\_ Plan to Attend ID Seminar: Date \_\_\_\_\_

Administrator/Pastoral Care \_\_\_\_\_ Date \_\_\_\_\_

ID Badge Issued/Number \_\_\_\_\_ Verification of Credentials Yes \_\_\_\_\_ No \_\_\_\_\_ PS Secretary \_\_\_\_\_ Person and Agency Contacted: \_\_\_\_\_

\*Required to receive approval for ECU Health Medical Center Clergy ID Badge