

Application for the Art of Pastoral Care Class
Wednesdays 6:00pm-9:00pm

Name: _____

Daytime phone: _____

Address: _____

Evening phone: _____

E-mail and/or FAX: _____

Birth Date _____

Cell: _____

What is your occupation or profession? _____

Emergency contact: _____ **Day & Evening phone #s:** _____

Name & address of congregation and senior clergy person:

Your educational background:

Where did you hear about the Art of Pastoral Care Class? _____

Why do you want to participate in this program? _____

Has there been a particular experience in your life or in the life of someone close to you that had a deep impact on your life and through which you now appreciate the need for pastoral care giving? _____

What are your expectations of the class? _____

What kind of pastoral care experience have you had? : _____

What has brought you to this point (your sense of purpose or call)? _____

Is there anything that would interfere with your ability to fulfill your commitment to this 9 month program? What could get in the way for you? _____

On an attached page(s), please provide a short autobiography that is no more than three pages in length. This mini autobiography is to cover relationships, experiences, and spiritual insights and awareness that have contributed significantly to how you have developed as a person.

Sponsor/Mentor* _____ Day & evening phone #: _____
*The Sponsor/Mentor can be the same person or 2 different people. It can be your clergy, a spiritual friend, or spiritual director.

Would you be willing and/or able to do have your hospital experience during the second term on Sundays in January and February?

If you do not have a counselor who could be available to you throughout the course, let me know and I will provide you a list of names that you could choose from if necessary.

Please list the names, phone numbers, & addresses of three references: _____

Do you promise to honor the confidentiality of the class members and of those with whom you visit both in and out of the hospital environment? _____

Signature: _____ Date: _____

Please return this application with a \$25.00 registration fee to: Deaconess Kathy Garrison
Make out check to 'AoPC'.
Director, Art of Pastoral Care
P.O. Box 3843
Fairfax, VA
22038-3286