



Volunteer Chaplains are a welcome partnership with the Madera Community Hospital Healthcare Team. There are people of faith at the hospital each day who are going through major life changes; many are lonely and many are looking to connect with their faith and with God. We greatly welcome and appreciate the participation of volunteers who offer a companionship and compassionate presence for our patients, physicians and staff.

### Basic Requirements for Application

Persons serving the Volunteer Chaplain Program shall have Ordination / License or Ecclesiastical Endorsement by their Faith Group or be enrolled in Religious or Theological Studies in an accredited college or school of Theological Studies, have life experience in ministry settings and/or specialized training for ministry. Those who have previous Clinical Pastoral Education (CPE) training are desired for this position and will receive the most consideration.

After appointment, all Volunteer Chaplains are required to attend a Hospital orientation in addition to the Chaplaincy orientation. Each year, Volunteer Chaplains will reaffirm their application and credentials. Volunteers must serve a minimum of one time per month and go no longer than three consecutive months without serving, unless there has been a previous arrangement with the team. All Volunteer Chaplains are required to have necessary vaccinations initially and annually, provided by Madera Community Hospital, and meet any other requirement of the hospital for volunteer service workers.

Failure to meet these requirements may result in mandatory resignation.

### A Chaplaincy Care Volunteer:

- is a licensed or credentialed spiritual leader;
- is a specially selected and trained individual who has the maturity and experience to be a caring listener to a terminally ill person or family member;
- does not under any circumstances, replace physician or nursing care or any other professional service required;
- does represent a caring community;
- brings to a stressful situation, a “new face” and a “fresh” but understanding approach;
- listens without judging or interpreting; responding if necessary to the feelings expressed and if possible facilitating the resolution of those feelings;
- is able to be supportive without “rescuing” or giving advice;
- in quiet times, simply shares in silence;
- respects the need for confidentiality at all times; and
- is provided with a support system and ongoing education.

**Chaplaincy Functions:**

**Sustain:** Volunteers provide support, comfort, and understanding for an individual going through a time of crisis;

**Guide:** Volunteers help another person, either by direction, clarification or confrontation, to find solutions to problems or life's questions;

**Heal:** Volunteers aid individuals in finding wellness or wholeness from injury or disease (in a spiritual and emotional sense); and

**Reconcile:** Volunteers help a person to restore a relation that has been broken with a person, a group, the Divine (However that person chooses to describe the Holy), and /or their sense of what brings them meaning and purpose in life.

**Service Description**

- Summary:** Provide 24 Hour on-call Volunteer Chaplaincy coverage for emergency needs and a request for Volunteer Chaplain by patients and/or hospital staff. Visit new admit referrals and make rounds per guidelines.
- Hours:** One day per month minimum. Shift begins at 9:00 a.m. and ends the following day at 9:00 a.m., unless assigned consecutive days.
- Qualifications:** Ordination/License or endorsement by Faith Group. Life experience in ministry settings and/or specialized training for ministry. A personal understanding and self-acceptance of his/her professional strengths and weakness. Demonstrated service to and acceptance of people of different faith cultures.
- Environment:** Contact with patients, staff, physicians and public. When on call, carry a mobile phone and remain within a 60 minute arrival time to the hospital.
- Training:** Required Hospital Orientation and Volunteer Chaplaincy Training, annual in-service, department orientation, continuous educational in-service, educational material study and department staff meetings.
- Responsibilities:** Round while able, when on call. Respond to calls and fulfill requests for Volunteer Chaplaincy services. Provide listening, prayer, support, scripture, ritual and rites, as requested and appropriate. Be a supportive presence for hospital and EMS staff and physicians. No proselytizing.



**Volunteer On-Call Chaplain**

**Application**

**Name:**

\_\_\_\_\_

Last

First

Middle

**Address:**

\_\_\_\_\_

Number

Street

Apt.

\_\_\_\_\_

City

State

Zip Code

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Your phone numbers and email will be listed in the Chaplaincy Directory accessible to physicians and staff.

**Social Security Number:** \_\_\_\_\_

Chaplains and local faith leaders / ministers who are interested in volunteering must provide the following information

Church(es) you are currently serving/attending:

1. Name of church: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number in your church/group meetings: \_\_\_\_\_

2. Name of church: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number in your church/group meetings: \_\_\_\_\_

Are you a full-time pastor/clergy? \_\_\_\_\_

Are you a resident pastor? \_\_\_\_\_ Do you live within 25 minutes of the hospital? \_\_\_\_\_

Pastoral Counseling Experience: \_\_\_\_\_  
Years Location

List additional credentials and training in the past 2 years: \_\_\_\_\_

\_\_\_\_\_

List your gifts of ministry: \_\_\_\_\_

\_\_\_\_\_

Do you have family who works for Madera Community Hospital?  Yes  No

Please list two references (Business, Church, School, Volunteer, etc.)  
**DO NOT** include relatives.

Name	Relationship	Contact Information

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**Note:** A TB (Tuberculin Test) or chest x-ray (if previously positive) is required before starting work in any service. This test is available free of charge by and at Madera Community Hospital. Proof of this test must be on file with volunteer services before you start working, as required by law. This test must be repeated annually as long as you actively volunteer in the hospital.

Upon approval by Madera Community Hospital or Designee, I agree to uphold and abide by the standards, policies and procedures of Madera Community Hospital and the Volunteer Chaplaincy Program/Volunteer Services.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER AGREEMENT

I understand my service as a volunteer is for charitable, humanitarian reasons, and without promise or expectation of receipt of compensation or employee type benefits. I freely offer my services without direct or indirect pressure or coercion.

**I am interested in becoming a Volunteer at Madera Community Hospital. If accepted, I will serve at the times agreed upon. If unable to work, I will provide my own substitute, if possible, or will contact my chairperson to assist me in obtaining a substitute.**

I agree to abide at all times by the Standards of Behavior and the Regulations of the Madera Community Hospital.

I understand I will have a training period before a regular work schedule will be assigned to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Madera Community Hospital does not discriminate in basis of sex, race, color, religion, ancestry, national origin or disability. All decisions will comply with all applicable laws prohibiting discrimination in employment, including: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, California Fair Employment and Housing Act of the 991 American Disabilities Act.

**If referred by a Chaplain please provide name:** \_\_\_\_\_

**Mail completed application and a copy of your licensure or resume to:**

**Madera Community Hospital Volunteer Chaplaincy Program  
1250 E. Almond Ave. Madera, California 93637  
or  
WeCare@MaderaHospital.org**