



Baruch Spiritual Care Partner Application Form

THANK YOU for your interest in serving God at Baruch Senior Ministries. The information on this form will be kept confidential and will help us find the most satisfying and appropriate ministry connection for you.

Personal Contact Information

Date: _____ Name: _____

Phone-Home: _____ Cell: _____

Email Address: _____

Mailing Address: _____

Church Affiliation: _____ Senior Pastor: _____

Age range: Circle one-- Under 18 18+

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Email Address: _____

Availability: Please circle days you are available

Days Available: _ Mon Tue Wed Thurs Fri

Times Available: From _____ To _____

Do you have any physical limitations: _____

How did you learn about Baruch Senior Ministries: _____

For Office Use Only

Assigned to home: _____

Assignment _____

Starting Date _____

Chaplain _____