

The Functions of the Volunteer Chaplains:

The hospital chaplain will sensitively and prayerfully minister to each patient at the patient's point of need. The hospital chaplain does not function as a spokesperson of a particular religious denomination or body. The individual chaplain should respect the spiritual and religious diversity of the patients they serve. An individual chaplain will not impose his or her own convictions on the patient or seek to proselytize them to a particular church or denomination. This position involves being on-call 1-2 weeks (could change to 1 week a month, depending on the number of volunteer chaplains we have) to provide chaplain services to our patients who request a clergy visit, but are not affiliated with a church or we are unable to contact their affiliated church to make a visit. This can also include end-of-life services.

We usually have two chaplains on-call every week and it is currently on a 3-week rotation. We are unable to provide an amount of times you could potentially be contacted by us to make a visit, because it is dependent on our census and our success with contacting the patient's affiliation, if one.

Additional things to know:

- Alomere Health reserves the right to restrict, limit or terminate any individual participating in the volunteer chaplaincy program. Volunteer chaplains must conduct themselves in an appropriate, ethical, moral and legal manner, consistent with the Minnesota Patient Bill of Rights.
- When we send out the chaplain calendar for the month we do our best to update you on any visitor restrictions or change in masking policy.
- If on-boarded, we would have you meet with our Employee Health department to go over some basic items for on boarding.
- If on-boarded, we would also issue an Alomere Health badge that would need to be worn when visiting our patients.

Thank you. We look forward to hearing from you.

CHAPLAIN APPLICATION

Alomere Health
111 17th Ave East
Alexandria, Minnesota 56308
320-762-1511



Applications are reviewed and approved by our Chief Nursing Officer

Complete this form and return to: Alomere Health's Switchboard Telecommunications Department

Date	
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Chaplain Information:

Name	
Home Address	
Phone Number	
E-mail Address	

I hereby agree to serve as a Volunteer Chaplain at Alomere Health and to fulfill the responsibilities and functions of the role as defined and approved by the Hospital.

Chaplain Signature:	
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Church Affiliation Information:

Name of Church	
Church Address	
Church Phone Number	

Name and Signature of Congregational Official:

Name	Signature
Address:	
Phone Number:	

Once your application has been approved, you will be contacted to schedule a visit with our Employee Health department. You will also need to sign the Confidentiality Statement (Chaplain Policy – Emergency Management Policy) and obtain an Alomere Health-issued badge.

Chief Nursing Officer's Signature of Approval: _____