



Clergy Identification Badge Application

Please print or type information. Form must be completed in full for processing.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Ordained      Licensed

Date of Birth: \_\_\_\_\_

**A photo ID and letter from your church's primary clergy or board stating you are a paid staff member in good standing must be submitted with this application.**

Name of Senior leader or pastor \_\_\_\_\_

Name of congregation or church \_\_\_\_\_

Name of faith group/denomination: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Expiration date for badge \_\_\_\_\_

**Badge:    NEW      REPLACEMENT (choose one)**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For department use only:**

Date Received: \_\_\_\_\_ Date Processed \_\_\_\_\_ Approved: Yes No

Credentials checked by: \_\_\_\_\_ Badge Created (date): \_\_\_\_\_



## Clergy Identification Badge Application

### GUIDELINES FOR HOSPITAL VISITATION USING THE CLERGY IDENTIFICATION BADGE

Persons wearing the Aultman Clergy identification badge are expected to comply with some basic guidelines for visitations. Failure to do so may result in the revocation of privileges and the surrender of the clergy identification badge.

1. I have read and will comply with the hospital rules for visitation.
2. I will wear the clergy identification badge in a clearly visible location with the photograph exposed when visiting patients.
3. I will respect the wishes of the patient who does not want a clergy visit.
4. I will visit only members of my own congregation.
5. I will not interrupt or interfere with any medical treatment or examination; I will cooperate with treatment plans.
6. When a patient's door is closed, I will request a member of the hospital staff to check if it permissible for me to visit.
7. I will limit team visitation to one other visitor and myself.
8. In intensive care units, and outside regular visiting hours, I will identify myself to the staff before visiting.
9. I understand that disrespect, or rudeness directed toward any persons of Aultman, or patient, may result in the loss of hospital visitation privileges and clergy badge.
10. I agree not to disclose any information regarding any patient admitted to the hospital including that the patient is or was hospitalized, the reason for hospital treatment, or the patient's medical condition – without the express consent of the patient or the patient's representative. If the patient is minor and is unable to give consent the legal guardian will be asked.
11. I understand that I am here on behalf of myself and do not represent Aultman.
12. Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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### Visitation Identification Badge

- The badge is an indicator to hospital staff and security personnel that the person wearing the badge has been approved for visitation.
- A badge must be renewed every Three (3) years.

### Application Process

Applicants must provide the following:

- ✓ A completed application form.
- ✓ Letter from church stating you are in good standing and a paid staff member.
- ✓ A background check will be completed with no charge to the applicant.
- ✓ A \$5.00 fee will be charged for replacement badges.

### Badge Return Process

- The badge becomes void and should be returned when the applicant leaves the congregation under which he/she applied for the badge.
- The primary clergy person may rescind badge privileges for his/her congregation by notifying Aultman Spiritual Care.
- Aultman reserves the right to revoke the clergy identification badge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_