



APPLICATION FOR CONGREGATIONAL PASTORAL CARE PROGRAM

The Virginia Institute of Pastoral Care
2000 Bremo Road, Suite 105
Richmond, VA 23226

Name _____ Date of Birth _____

Present Position _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____ Best time to be reached _____

Marital Status S M D Sep W Spouse's Name _____

Church Membership & Role in Ministry _____

Highest Educational Degree _____ From _____ Date _____

I give permission to contact the following references: _____

_____ Phone _____

Name, Relationship

_____ Phone _____

Name, Relationship

Attachments: Please attach the following information to your application:

1. A brief autobiographical statement, including your personal and professional development.
2. A statement of your experience in giving pastoral care and of your interest and goals in applying to the Congregational Pastoral Care Program.
3. A copy of your academic transcripts (Xerox copy is acceptable).
4. A photo of yourself.
5. A processing fee of \$75, which is not refundable. Make checks payable to "VIPCare" for "Congregational Pastoral Care Application".

Psychological Testing: If on the basis of the written application you are invited to an intake interview, psychological testing is required before the interview is scheduled. This testing which includes the MMPI and MBTI may be scheduled through VIPCare for an additional fee of \$80.

Intake Interview: Program applicants will be interviewed by the Program Coordinator and recommended to the VIPCare faculty for final approval.

Signature: _____ Date: _____