



Clergy/Lay Representative Identification Badge Application Form

Please complete the requested information for your Clergy/Lay Representative Identification Badge:

Name: _____

Birth Date _____ Social Security Number _____

Home address: _____

City: _____ State: _____ Zip: _____

Previous Address (if less than 5 years at current): _____

Home Phone: _____ Work Phone: _____ E-mail: _____

New Badge: _____ Renewal Badge: _____

Religious Affiliation:

Roman Catholic _____ Jewish _____ Protestant _____ Orthodox _____ Islamic _____

Other (specify) _____

Local Affiliation:

Complete name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Authorization:

As evidence of my role as a clergy person within a religious institution, denomination or congregation, I am presenting the following:

_____ A letter from the senior minister or an officer of the body indicating I am recognized and am authorized to provide pastoral visitation.

_____ I authorize Genesis HealthCare System Spiritual Care Department to do a background check.

In addition, I am including the \$20.00 application fee.

Signature of applicant: _____ date: _____