

APPLICATION FOR CLERGY HOSPITAL PARKING IDENTIFICATION BADGE

Name _____

Home Address _____

City _____ State _____ ZIP _____

Religious Affiliation _____ Congregation _____

Congregation Address _____

City _____ State _____ ZIP _____

Office Phone _____ Home Phone _____

Status (please check one)

____ Religious leadership of the congregation

____ Lay Visitor (congregational approval required)

____ Judicatory Staff

Social Security # _____

Authorized by _____ Title _____

NEW CARD/RENEWAL/LOST CARD/CHANGES – FEE \$10.00 a badge. Make check payable to Strong Memorial Hospital/Chaplaincy Services and mail to: Box 304, 601 Elmwood Avenue, Rochester, NY 14642. Thank you.

CLERGY PARKING ACCESS SYSTEM IDENTIFICATION BADGE AGREEMENT

The Clergy Parking Access Badge for use at Strong Memorial Hospital is issued by Chaplaincy Services for a one-year period and will expire on the date indicated on the badge. This privilege is given with the understanding that members of the clergy, religious, and appointed lay visitors involved in pastoral ministry abide by hospital regulations concerning patient visiting. Persons providing pastoral care services may call on hospitalized persons from their own congregations. No other authorization for hospital ministry is implied by this card. The parking privilege conferred by this badge is not transferable. The badge must be used only by the person to whom it is issued and only for the purpose of pastoral visitation. Abuse of this privilege will result in revocation of parking privileges. The person to whom this badge is issued is responsible to renew the badge in compliance with the above stated reasons.

I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS HEREIN.

Name _____ Date _____

Office Use Only:

Sticker number(s) _____

Office authorization