

**ST. MARY'S CATHOLIC CHURCH
PARISH NURSE MINISTRY APPLICATION**



Please print

Name: _____ **Profession:** _____

Certifications/Areas of Expertise: _____

Home Address: _____

Phone: Home _____ **Cell** _____

Email: _____

Which part of the ministry are you most interested ? Check all that apply

- Taking blood pressure: 3-4 times a year after mass (requires a 3 hour orientation)
- Help to respond to emergencies during parish Masses and Events.
- Resource Team (may be asked to consult with the Parish Nurse ministry coordinators or participate in education programs)
- Other (please specify) _____

What state license(s) do you hold? _____

Exp date (if known) _____ **CPR certified?** **Yes, expiration date** _____ **No**

Diocesan policy states that any person involved in this ministry who is licensed must hold a current professional license and CPR certification, and agree to a background check that includes criminal and driver records. It is also a requirement to attend Virtus training which can be arranged at St. Mary's. By signing this application, you agree to be screened, attend Virtus training and attend CPR training, if not currently certified.

Signature _____

Date _____

Return to Parish Office

Attn: Parish Nurse Ministry or email to stmaryccparishnurse@gmail.com