



### Clergy Parking Application Form

Please complete the information below and return to  
Duke University Hospital Chaplain Services and Education:

**Personal Information:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title [i.e. Rev., Dr.] \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Phone (Primary) \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

**Local Affiliation:**

Complete Name of Religious Institution \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Required documentation:**

\_\_\_ Clergy Patient Visitation Guidelines, signed and dated

\_\_\_ Copy of Government-Issued Photo Identification including full name and date of birth  
[ID number may be redacted/blacked out]

\_\_\_ Proof of ordination or a letter, indicating you are recognized, licensed or ordained to provide  
pastoral visitation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, sign and return this application along with all required  
documentation to: [pastoral@dm.duke.edu](mailto:pastoral@dm.duke.edu)

**NOTE:** APPLICATION WILL NOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION.

<i><b>DUH-CSE Office use only:</b></i>		
Approved _____	Date: _____	Parking Pass# _____

06/01/2022

## Clergy Patient Visitation Guidelines

Duke University Hospital recognizes the importance of spiritual care in healing and the vital role our patients' clergy\* play in the provision of that care. The following guidelines have been established to support clergy as they visit our patients.

After you have read the following, please sign and date the document indicating you have read and will follow these guidelines.

1. Visit only members of your congregation.
2. Obtain visitor's badge at the Information Desk upon entry.
3. Please identify yourself with Health Unit Coordinator (at main desk on unit) before visiting patients to inquire about any visiting guidelines or restrictions.
4. Respect the wishes of patients who do not desire a clergy visit.
5. Religious literature is to be left only with the patient visited.
6. **Always** wash hands before and after visiting each patient.
7. If you have symptoms of a cold, flu, or other disease, please do not visit.
8. Contact nursing staff if **Isolation Precautions** are observed on patient door.
9. Please **disclose** patient's health information if it has been fully agreed upon with the patient.
10. I understand that the Clergy Parking Pass is for my use only and I will **limit use** of the Clergy Parking Pass **to my clergy visits**.
11. **I will immediately notify** the Department of Chaplain Services and Education of **any changes** to my original application.

By signing my name, I agree to follow the above guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete sign and return this application along with all required documentation to: [pastoral@dm.duke.edu](mailto:pastoral@dm.duke.edu)

*\* Clergy is defined as an ordained person, (Rabbi, Priest, Pastor, Islamic cleric, Associate pastor, Licensed minister, or Lay minister serving under the direction of the congregation such as Roman Catholic Eucharistic ministers.*