

*Pacific Health Ministry*  
**LAY VISITATION TRAINING**

**REGISTRATION**

Welcome to the Pacific Health Ministry Visitation Training Class. We appreciate your interest in the program and desire to provide spiritual care support to others. If you have decided to participate in the class, please complete the following Registration Form.

Name: \_\_\_\_\_

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

Phone: Please \* the number you prefer to use.

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Religious Involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church/Temple/Synagogue:

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

Minister/  
Rabbi: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

May we contact this person for a reference?      \_\_\_Yes      \_\_\_No

Do you have medical insurance?      \_\_\_Yes      \_\_\_No

Do you have physical or emotional concerns that should be known to instructors?  
*If yes, please describe.*      \_\_\_Yes      \_\_\_No

Please put other information you want to share on a separate sheet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_