

CLERGY PARKING CARD APPLICATION

Name (Please Print)			Title	
, <u> </u>	(First)	(Last)	(Reverend, Imam, Rabbi, other)	
Home Address (this address & email may b	e used to inform you of InterFa	ith Works events, leave blar	Zip Zip	
			il	
Pastoral Visitor for: (6	Congregation/Institution serve	<mark>ed)</mark>		
Mailing Address of Cong	regation		Zip	
Office Phone		Office Email		
Application is for:	New Card	Renewal Lo	ost Card (\$15 for card replacement)	
	PLEASE	CHECK STATUS:		
_	Ordained Clergy Associate Clergy Lay Leader		atory Staff ational Chaplain cal Care Visitor	
If <u>not</u> ordained clergy	, authorized by:	(Name)	(Title)	
LICENSE PLATE NU	<mark>JMBER(S)</mark> #1	#	2	
2020 Fee: \$50.	InterFaith Works of Cl Applications will not b	NY, 1010 James Stree	urn envelope	
Community General Hos indicated on the card. It is form. This parking privil persons involved in pastor pastoral care services may specifically referred by he implied by this card. The person to whom it is issued of the right to use your care.	pital and St. Joseph's Hospit s your responsibility to renew ege is given with the undersoral ministry will abide by he y call on hospitalized personsospital staff, hospital chaplair e parking privilege conferreded and only for the purpose ord. I have read this stateme	tal & Health Center for a the card annually and to standing that members cospital regulations conces from their own congregus, or patient's family. No by this card is not trans of pastoral visitation. Abunt and agree to the term		
Applicant Signature			Date	
Office use only: Dat	e Rec'd Paid	\$ Card is	sued Card #	