



CLERGY PARKING CARD APPLICATION

Name (Please Print) _____ Title _____
(First) (Last) (Reverend, Imam, Rabbi, other)

Home Address _____ Zip _____
(this address & email may be used to inform you of InterFaith Works events, leave blank if you do not wish to receive notifications)

Home Phone _____ Cell _____ Home email _____

Pastoral Visitor for: (Congregation/Institution served) _____

Mailing Address of Congregation _____ Zip _____

Office Phone _____ Office Email _____

Application is for: New Card Renewal Lost Card (\$15 for card replacement)

PLEASE CHECK STATUS:

- Ordained Clergy
- Associate Clergy
- Lay Leader
- Judicatory Staff
- Institutional Chaplain
- Pastoral Care Visitor

If not ordained clergy, authorized by: _____
(Name) (Title)

LICENSE PLATE NUMBER(S) #1 _____ #2 _____
(application cannot be processed without License Plate number)

2024 Fee: \$50.00: Make check payable and mail, with a self-addressed stamped envelope, to:
InterFaith Works of CNY, 1010 James Street, Syracuse, NY 13203

CLERGY PARKING CARD AGREEMENT

InterFaith Works issues the Clergy Parking Card for use at Crouse Hospital, Upstate University Hospital, Upstate at Community General Hospital and St. Joseph’s Hospital & Health Center for a period of one year. The expiration date is indicated on the card. It is your responsibility to renew the card annually and to be sure that you use the current application form. This parking privilege is given with the understanding that members of the clergy, religious and appropriate lay persons involved in pastoral ministry will abide by hospital regulations concerning patient visitation. Persons providing pastoral care services may call on hospitalized persons from their own congregations as well as patients to whom they are specifically referred by hospital staff, hospital chaplains, or patient’s family. No other authorization for hospital ministry is implied by this card. The parking privilege conferred by this card is not transferable. The card may be used only by the person to whom it is issued and only for the purpose of pastoral visitation. Abuse of this privilege can result in revocation of the right to use your card. **I have read this statement and agree to the terms herein.**

Applicant Signature _____ Date _____

Office use only: Date Rec’d _____ Paid \$ _____ Card issued _____ Card # _____