

Complete and return to:  
VIRGINIA INSTITUTE OF PASTORAL CARE  
2000 Bremo Road, Suite 105, Richmond, Virginia 23226  
(804) 282-8332  
Or email:  
[accounting@vipcare.org](mailto:accounting@vipcare.org)

APPLICATION FOR DENOMINATIONAL COUNSELING AND REFERRAL PROGRAM  
Denomination: United Methodist

Date of Application: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

Credentials of Counselor (i.e. Degree, Licenses, Certification) \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Church Phone: \_\_\_\_\_

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

What is your official status in your denomination? \_\_\_\_\_

Where is your status listed? VAUMC Clergy Directory

Full-Time \_\_\_\_\_ or Part-Time \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Sex: M F Marital Status: S M Widowed Separated Divorced

Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Annual Gross Family Income: \_\_\_\_\_

Family Group:

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which of the children listed are full time students? \_\_\_\_\_

Referred by: \_\_\_\_\_ Health Insurance Program: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Prior Counseling Contacts:

Dates	Therapist/Agency	Person for Contact
_____	_____	_____
_____	_____	_____