

SPIRITUAL HEALTH CARE VOLUNTEER EDUCATION REGISTRATION

The top part of this form is to register for the course. You will receive an email confirmation when registered.

The Spiritual History questionnaire is designed to bring to conscious awareness your own spiritual and religious experiences and biases, and to be mindful of what you bring to every spiritual encounter. There are no right or wrong answers.

Full Name:							
Addre	ss:						
Home	Ph: Cell Ph:						
Email:							
Why a	re you taking this course? Personal Interest To become a Spiritual Health Care Volunteer						
	ritual History (Please use as much space as you need) What is your previous education/experience with spiritual care? Please explain.						
2.	Describe how you arrived at your beliefs as well as how you abandoned beliefs you once held. This may include experiences you have had with religious institutions. How did your beliefs develop as you grew up? Include significant life experiences such as the death of a family member, friend, or experiences that you may have had in relation to other families, communities, cultures, in childhood, youth, adulthood.	е					
3.	If there is a common trend in your belief/faith development? Please describe.						
4.	Tell about a time when you experienced criticism or rejection for your belief/faith/spirituality (if this has happened to you).						

5. If someone said that they do not "believe in God", how would you respond?



6.	How did you learn about this course?					
	☐ Social Media					
	☐ Newspaper					
	☐ Word of mouth					
	 □ Church (please specify) Click or tap here to enter text. □ Poster in Hospital / PCH □ IERHA Website 					
☐ Other (please explain) Click or tap here to enter text.						
7.	Please indicate your preference for the delivery of this education session.					
	☐ In person	☐ Virtual	☐ No prefer	ence		
8.	Please indicate your preferred time of day for this education session.					
	☐ Morning	☐ Afternoon	☐ Evening	☐ No preference		
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9.	Anything else you wo	uld like to share				

Please send Registration Form and Spiritual History to:

ffunk@ierha.ca or use this button to submit:

Ferdinand Funk, MDiv, CSCP

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