

GREEK ORTHODOX ARCHDIOCESE IN AMERICA
Request for Endorsement for Institutional Ministry

Name _____

Mailing Address _____

E-Mail Address _____

Mobile phone _____ Other phone (if applicable): _____

Ordained? Yes No If yes, Priest (date) _____ Deacon (date) _____

Present position if serving as a chaplain, and length of stay: _____

Name of person you will/do report to: _____ Title: _____

Address: _____

EDUCATION:

DEGREE AND DATE

College _____

Master of Divinity _____

Graduate Study _____

CLINICAL PASTORAL EDUCATION

Dates

Center

Supervisor

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CPE Supervisor

Name _____ Phone: _____

Address _____

Other name (if applicable) _____ Phone: _____

Address _____

Please mail completed request to:

Father William J. Bartz, the Greek Orthodox Endorsing Agent for Institutional Chaplaincy,
3404 Corrotoman Road, Glen Allen, VA 23060 or frbill@detroit.goarch.org

November 2019