

APPLICATION FOR RESIDENCE AT PILGRIM PLACE

Application Fee: \$250 per person – Application form required for each applicant.

Please type or print all parts of the application with dark ink; it must be complete, accurate, and legible, as it will be duplicated for use by the Admissions Advisory Group in its evaluation of your application. Any incomplete or inaccurate information could delay the processing of your application. No application will be processed until all references have been received.

(Title preferred) (Last) (First) (Middle)

(Full address – City, State, Zip)

Telephone () _____ Fax () _____ E-mail _____

Birth date _____ Birth place _____

_____ Single _____ Married/Partnered Year _____, _____ Divorced, _____ Widow/Widower Year _____

First appointment as a professional Christian worker _____ Current denomination _____

Ordained _____ Commissioned _____ Official auspices _____
(date, if applicable) (date, if applicable)

SERVICE RECORD FOR PRIMARY APPLICANT

Record full-time paid employment after ordination, commissioning, or first appointment as a professional Christian worker. State type and place of your work with inclusive dates, denominational affiliation, and churches/organizations/institutions you served.

SPOUSE/PARTNER (Complete work/volunteer activities as applicable.)

INCLUSIVE DATES

From:	To:	Organization	Denominational Affiliation (if Applicable)	Location	Position
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total years of full-time service _____ Year when you would like to begin residency at Pilgrim Place _____
(Select carefully, since chosen year affects priority)

EDUCATION

Dates	School	Location	Degree & Major Field of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN'S NAME & ADDRESSES

REFERENCES

Please list below: (a) national, state, or regional official of church or professional organization; (b) local church or organizational official; (c) local community leader; (d) long-time professional colleague; and, if known, (e) two Pilgrim Place residents. Give present address in full, e-mail address if available. If you do not have a reference for a specific category, please supply an alternate person. Each applicant must have six references.

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e-1) _____
- (e-2) _____

Note: Information provided by references is of a confidential nature and cannot be released without the written consent of references.

PERSONAL STATEMENT *(Please use separate sheet of paper for this information.)*

This important part of your application will give Pilgrim Place a more complete picture of your personality and spirit, as well as your needs and goals for retirement. Your answers to the following questions will aid in the admissions process. Please be candid. One or two pages will be adequate, preferably typewritten. Please sign and date your statement.

1. How do you feel about retirement in general and your own retirement years in particular?
2. What has been your relationship to and type of involvement with the local church?
3. What goals and aspirations do you hold for your retirement?
4. Why do you believe it is important for you to come to Pilgrim Place rather than another retirement community?
5. In what way will you contribute to the ongoing life of Pilgrim Place as an active and cooperative participant in the community relationships and activities of this unique retirement center?
6. In what ways have your volunteer activities enriched your life?

For person with service record:

7. The eligibility guidelines state that residents are "...retired Christian workers..." whose service has been "...clearly professional religious work..." How would you define your full-time professional Christian service as meeting these criteria?

For person without service record:

8. What else would you like us to know about you?

ACCOMMODATIONS DESIRED *(First and second choice.)*

(Sample: 2 bedroom, 1-bath house, OR 1 bedroom & den, 2 baths)

(First Choice)

(Second Choice)

GENERAL HEALTH

Pilgrim Place is not equipped to care for incoming residents who have a chronic physical or mental illness that requires continuous medical or nursing care. Pilgrim Place does not guarantee the provision of any health care. Persons whose physical condition indicates that prolonged nursing care may be required now or in the near future cannot be accepted. Please answer the following questions with regard to your present physical condition. Health information provided will be treated as confidential.

Have you had any serious illness(s) or surgery in the past ten years? If so, what? _____

Are you dependent upon any mechanical aids to ambulate? Yes No If so, what? _____

Will you be eligible for Medicare? Yes No Do you have long term care insurance? Yes No

How would you describe your general health? _____

(Signature)

(Date)