



**Johns Hopkins Division of Academic Medicine
Spiritual Care and Chaplaincy Department**

**“Caring for the City”
APPLICATION**

Name: _____ Phone: _____

E-mail Address: _____

Congregation Name and Address: _____

Please write a short paragraph about why you want to participate in “Caring for the City.”

“*Caring for the City*” will provide a series of 8 training sessions to offer some basic preparation for spiritual care. There is a \$25 application fee. Attendance at each session is very important.

Yes, I will be able to attend all 8 sessions.

Please include one letter of recommendation from your congregation/community of practice.

Please return your application to Linda Johnson-Harvey at ljohn151@jhmi.edu. For more information, please contact Rev. Christopher Brown (cbrow184@jhmi.edu) or 410-955-5842.