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**CARE MINISTER APPLICATION**

CONFIDENTIAL

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Describe why you are interested in becoming a Care Minister.**
2. **What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Care Minister?**
3. **In what ways do you think you would benefit personally from your training and service as a Care Minister?**
4. **Based on your current understanding of what it means to be a Care Minister, what do you think would be difficult or challenging aspects of this role for you?**
5. **How would people who know you describe the way you relate to others?**
6. **Are you willing to commit to serve faithfully for a period of no less than two years? This includes:**
   * **Regular visits to your care receiver (weekly, or a mutually agreed-upon frequency) and,**
   * **Monthly Small Group Peer Supervision**

**Yes No**

**What changes would you need to make in your life in order to fulfill this commitment?**

1. **Describe briefly your relationship with Jesus Christ.**
2. **Have you ever trained and served as a Care Minister or Care Leader at another congregation?**

**Yes No**

**If yes, please list where and when.**

**Please read and sign below.**

**The information I have provided in this application is true and complete to the best of my knowledge.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for completing this application. Please place this application in an envelope and return it to the South Campus church office, **ATTN:** Laurie Piper.

If you would like to speak with someone regarding Care Ministry or this application, please call Laurie Piper at 292-2695.