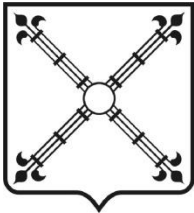


Lay Pastoral Care Associate Application



Name: _____ DOB: _____

Address: _____

Phone: (h) _____ (m) _____ (w) _____

Employment/Job/Profession/Occupation: _____

Year Joined Church: _____

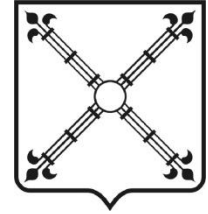
Current other volunteer work for the Church:

Previous volunteer work for the Church:

Training or experience in Pastoral Care or Mental Health work:

Reasons that you wish to be a Lay Pastoral Care Associate:

Lay Pastoral Care Associate Questionnaire



Name:

Date:

What personal gifts do you believe you have to contribute to this ministry?

What is your personal history of both receiving and giving care?

In what ways do you care for yourself?

What are your concerns or hesitations about serving as a Lay Pastoral Care Associate?

Describe your availability to visit with a congregant, including number of hours/week, times of day or evening, days of the week, and geographic range.

Describe any pertinent training or expertise you have which you'd like to share with us during one of our monthly trainings.