

Congregational Care Minister Application

Name: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

Church Member since (year): _____

Official Certifications: *(for working with children, elderly, and people with special needs)* Please attach copy of certification.

Areas of involvement with church (present)

Areas of involvement with church (past)

Areas of involvement in a previous church, professions, or community volunteer capacity: _____

