

Little Home Church by the Wayside

Congregational Care Interest Form



_____ *Yes, I am interested in being a Congregational Care minister!*

Name: _____

Phone: _____

Email: _____

I am interested in providing care and support in these categories (check all that apply):

- _____ the homebound (contacting at least four times per year, but depends on the situation)
- _____ the hospitalized (as needed on a quick basis)
- _____ those in short-term rehab, recovering from surgery (contacting once per week)
- _____ those with ongoing conditions (contacting at least four times per year)
- _____ those who experience loss (occasional follow-up for one year after the loss)
- _____ those going through an emergency (such as a house fire or natural disaster, as needed)
- _____ those with newborns, family issues, children, divorce, empty nesters (circle interest)
- _____ those with mental illness and addictions (circle interest)
- _____ military personnel
- _____ those looking for employment
- _____ other: _____

On the reverse side, indicate your geographic and calendar availability or limitations, as well as relevant personal or professional skills, interests, and experience. Add any questions you have, or anything else you would like us to know.