

**PENN NORTHEAST CONFERENCE OF THE UNITED CHURCH OF CHRIST
CLERGY-CARE SUPPORT
VOLUNTEER FORM**

Name:

Date:

Address:

Home Phone Number:

Mobile Phone Number:

Preferred Email Address:

Your Calling Body (where you serve):

Your Area Mission Council:

Check which you would be willing to volunteer for:

- ☐ **Mentor with a newly Authorized Minister**
- ☐ **Collegial Partner with an Authorized Minister new to PNEC**
- ☐ **Nothing at this time**

Thank you for your willingness to serve in this capacity. We will contact you when a need arises. It is a blessing to those joining our journey together here in PNEC.

Again, thank you!

APRIL2018