

Care Ministry Questionnaire

Name: _____

Phone number: _____ Email address _____

_____ 1. **Visitation Ministry:** This team will assist staff with visitation to our church family when they are sick at home, in the hospital, or in a long term care facility. This team will work closely with the Pastor Steve and may include some additional training.

_____ 2. **Grief Ministry:** Grief may include the death of a loved one, divorce, separation, or empty nesting. This team reaches out to members going through a significant loss and offers support during the difficult time.

_____ 3. **Prayer Ministry:** This team will work with the existing prayer groups to grow the prayer ministry in the church. This may include adding prayer groups, working with the prayer line, and assisting Lyle with the National Day of Prayer events.

_____ 4. **Baby Ministry:** This team will follow up with a family after the birth of a child. It may include delivering a quilt or a gift from the church, nurture meal, and touch-in with mom.

_____ 5. **Card Ministry:** This will be a correspondence ministry that will be intentional about sending notes for special occasions, difficult times, or significant dates in the lives of our members.

_____ 6. **Special needs/Services Ministry:** This will include assisting families in need of small repairs to their home, financial guidance, groceries, moving, or other one-time needs in our congregation.

_____ 7. **Health Care Ministry:** This team will help navigate a health diagnosis with members of the congregation. It may include being a resource regarding physicians, hospitals, and long-term care needs.

Thank you for prayerfully considering where God would have you use your gifts and talent for His kingdom work here on earth.

Please return completed form to the church office.

Additional notes or comments: