



Hospital & Church Partnership for a Caring Community
REGISTRATION FOR HEALTH MINISTRY WORKSHOPS

Dates: _____

Name of Church _____

Address & Zip _____

Telephone # _____

E-Mail _____

Contact Person _____

Telephone # _____

Persons registering for class:

1. Name: _____

Address & Zip _____

Telephone# _____

E-Mail _____

2. Name; _____

Address & Zip _____

Telephone# _____

E-Mail _____

3. Name; _____

Address & Zip _____

Telephone# _____

E-Mail _____

Hospital & Church Partnership for a Caring Community
Covenant Component for Health Ministries Program
As a Participant in the Community Health Network Health Ministries Program, I as pastor and along with another church representative of our congregation agree to:

1. Support our Health Minister(s) in the completion of the Health Ministries Workshops provided by Community Hospital.
2. Assist our Health Minister(s) in developing a Health Ministry Committee which would consist of volunteer members of the congregation.
3. Assist the Health Minister(s) in the completion of a congregational assessment.
4. Our Congregation acknowledges the need to appraise the Health Ministries/Parish Nurse Coordinator of Community Health Network of the activity in our congregation by encouraging the Health Minister(s) to send in reports at least every three months and to attend Quarterly Meetings (at least 2 per year)
5. Our church will commit to **no less than 2 years** of a continuing Health Ministry in partnership with Community Health Network..

DATE:

NAME OF CHURCH _____

SIGNATURE OF PASTOR _____

PLEASE PRINT NAME _____

SIGNATURE OF MEMBER OF CONGREGATION _____

PLEASE PRINT NAME _____

DATE _____

SIGNATURE OF CHI COORDINATOR _____