
Community Care Team Application

Church of the Resurrection



BUILDING A SANCTUARY OF TRANSFORMATION

Thank you for your interest in joining the Community Care Team at Resurrection. The ministry of walking alongside others in the midst of difficult times is central to the work of God in our midst. We are looking for mature Christians with experience in caring for others to join our team.

Application Process:

- Fill out Application
- Meet with Michelle Root
- Attend Community Care Trainings
- Sign Guidelines and Invitation to a Confessional Lifestyle documents

Qualifications:

- Be a member of Church of the Resurrection for at least six months, and attend regularly (3x/month).
- Regularly give financially.
- Must be at least 18 years old.
- Complete Child Protection Class.
- Must have a heart of compassion and desire to minister to those who are hurting.
- Must be trustworthy, faithful.
- Must be committed to growing in their skill of caring for others.

Areas of Care Giving may include, but are not limited to:

- A terminal or chronic illness
- People who are hospitalized
- People who are homebound or in a nursing home
- Grieving the loss of a loved one
- Birth related issues – baby visits, miscarriage, abnormal birth, etc.
- Spiritual crises

Date of application: _____

Name: _____ **Home Phone:** (_____) _____

Mail Address: _____ **Work Phone:** (_____) _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Membership Date: _____ **Birth date:** _____

Please list two references from Resurrection whom have witnessed your ability to care for others.

1. Name: _____ Relationship: _____

Address: _____ Daytime phone: (_____) _____

How long acquainted? _____

2. Name: _____ Relationship: _____

Address: _____ Daytime phone: (_____) _____

How long acquainted? _____

What experience and training do you have in caring for others? What churches or educational programs have you attended? In what type of ministries have you served at Resurrection or other ministries, please be specific.

What experience and training do you have in caring for others?

Have you ever been in therapy or professional counseling? _____ When? _____

How long? _____ Concerning what Issues? _____

Are you presently under the care of a therapist? _____

Have you been under the care of a therapist in the last 6 months? _____

Would you be willing to sign a release waiver allowing us to talk with your therapist about your readiness for this Community Care ministry? _____

Have you ever been charged, arrested, or convicted of a felony or misdemeanor?

Circle: Yes / No. If yes please explain

Do you regularly give financially to the church? Circle: Yes / No

Please write a paragraph to let us know some of your spiritual journey and how the Lord has called you to Community Care. What strengths and weaknesses do you bring to this ministry?

By signing below, I certify that the information contained in this application is complete, accurate, and not misleading in any way. I authorize Church of the Resurrection and its agents to contact the references provided, as well as any sources not provided in order to obtain information regarding my character and fitness for the Community Care Team. Should my application be accepted, I agree to submit to the policies and procedures of Church of the Resurrection, and to refrain from unscriptural conduct in the performance of my services on behalf of Church of the Resurrection.

Signature of Applicant: _____ Today's Date: __/__/__