



## Congregational Care Minister Application

Timothy Lutheran Church – Blue Springs MO

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Preferred E-mail \_\_\_\_\_

Church member since \_\_\_\_\_ (date to be confirmed with database)

Areas of involvement at the church (present) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas of involvement at the church (past) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas of involvement in a previous church, profession or volunteer capacity

\_\_\_\_\_

\_\_\_\_\_

I am prepared to meet the requirements to be a Congregational Care Minister:

- I will complete the 8-hour training class (4 two-hour sessions).
- I am a committed Christian who lives a life of faith through acts of mercy.
- I have been a Timothy member for at least two years with a worship attendance averaging 75% during one year.
- I actively participate in Bible study or small group where Bible study takes place.
- I regularly give financially to church operations and ministries with the tithe as my goal.
- I am willing to commit to at least one area of care ministry for one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer these questions on the back of this form:**

Why do you want to be a Congregational Care Minister?

What does it mean to be a deeply committed Christian (or disciple)?

Do you practice any spiritual disciplines? If so, what are they?

Explain your understanding of grace.

Share a brief account of your faith story.

**SUBMIT COMPLETED APPLICATIONS TO THE CHURCH OFFICE OR CARE MINISTER'S MAIL BOX.**