

The Community of Hope Application, Part I

You are requesting to be trained to do “pastoral care” which is defined as “when a person is being ‘present’ in a listening, compassionate, non-controlling manner to an individual or group for the purpose of consciously, or perhaps unconsciously, representing God to them and seeking to respond to their spiritual needs.”

These questions are designed to assist you in processing your interest in becoming a Community of Hope lay pastoral caregiver and to prepare you for your personal interview. The goal of the process is to discern if God is calling you to this ministry at this time.

Name _____ Date _____
Address _____ Email _____
City, State, ZIP _____
Phone (work) _____ (home) _____ (cell) _____

Church or place of worship: _____
Address: _____
City, State, Zip: _____

1. At the completion of the Initial Training, you will be asked to sign the Lay Pastoral Caregiver’s Covenant (included with this Application.) Do you believe you will be able to sign it at that time?
2. Do you understand that high standards of moral and ethical conduct are expected of a lay pastoral caregiver?
3. What is appealing to you about being a part of The Community of Hope?
4. What life experiences, personal characteristics, and abilities do you think will be helpful to you in serving as a lay pastoral caregiver?
5. What do you hope to get out of being a part of The Community of Hope?

6. What major changes have occurred in your life during the past 2-3 years and how have they affected your spiritual journey?

7. What are some highlights of your spiritual journey that influenced your coming to The Community of Hope?

8. Do you understand that missing 2 of the 14 training sessions will jeopardize your eligibility to be commissioned at the conclusion of training?

9. In what volunteer activities have you participated? In what capacity?

10. Do you realize that all of The Community of Hope members are subject to a criminal background check?

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance as a lay pastoral caregiver or cause for dismissal from this ministry.

No ___ Yes ___

Requirements for Applicants:

1. Completed COH Application form.
2. Completed information from Clergy Recommendation form.
3. Personal Interview.

Name (please print)

Signature

Date

Return these forms to: (place your center's address here)

The Community of Hope Application, Part II

Name _____ Date _____
Address _____ Email _____
City, State, ZIP _____
Phone (work) _____ (home) _____ (cell) _____

In order to protect the people to whom we offer pastoral care in the name of Jesus Christ and the Church, we cannot commission people who are or have been:

- charged with and convicted of sexual harassment,
- disciplined by a professional board for ethical violations,
- charged with or convicted of any offense involving drugs,
- charged or convicted of any criminal offenses involving sex crimes,
- engaged in sexual contact or attempted sexual contact with persons seen in a professional context,
- since the age of 21, engaged in sex with someone under 18 years of age,
- involved with the production, sales, or distribution of pornographic materials,
- in possession of child pornography,
- under a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like.

In the light of these conditions for commissioning, do you wish to proceed in your training to be commissioned as a lay pastoral caregiver in the name of Jesus Christ and the Church? If so, please sign below. (Before signing this document, you may wish to discuss this with the person who will interview you or who is the Training Facilitator.)

STATEMENT OF THE APPLICANT: (Please read carefully before signing.)

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance as a lay pastoral caregiver or cause for dismissal from this ministry.

Requirements for Applicants:

1. Completed COH Application form.
2. Completed Information from Clergy Recommendation form.
3. Personal Interview.

Signature

Date

Return these forms to: (place your center's address here)