

Congregational Care Ministries

Name (Print) _____

Address: _____

Phone (cell) _____

Phone (home) _____

_____ I prefer one phone call a month from my Personal Care Minister

I request the following to be done:

_____ Fill water softener with salt

_____ Change light bulbs

_____ Change AC filters

_____ Retrieve items from an attic space or closet shelf

_____ Other; Please specify

I acknowledge that sometimes the work needed is beyond the capabilities of the Congregational Care Team, and at that time, the team may provide advice on how to proceed. The CCT ministry does not have cash to buy supplies or materials, and there is no obligation for the CCT member to pay for materials.

I commit to having a Personal Care Minister assigned to me. I commit to praying for my Personal Care Minister and communicating my ministry needs.

Signed: _____ Date: _____

Received by: _____ Date: _____