

# KFMC Congregational Care Minister Application

Personal Commitment Letter of Understanding to serve as a Personal Care Minister for the Congregational Care Team (CCT)

The CCT responds to our widow/widower/other's requests for help through a loving relationship with a Personal Care Minister (PCM). PCM's goals are first, to help the receiving member live out their spiritual ministry with as much peace and comfort as possible, and second to be a Christian witness to their family and friends.

I understand and commit to responsibly maintain the special trust and confidence that the KFMC members have developed through this ministry. This trust extends to their personal safety as well as their property. Our commitment is that our ministry service motives will always be entirely based on the spiritual, mental and physical well-being of the members receiving our services.

PCM needs will be determined by the unique composite of the member's personal health, interests, resources, as well as distance and attention from family and friends. However, a monthly contact status check for personal needs requests and an offer to pray together is the minimal requisite to be a PCM. Address change and hospitalizations should be reported to the church office as soon as possible. PCM's will be influenced by their time constraints, skills, mobility, resources, etc. the PCM service could also be used to help secure resources such as the Handyman service arm of the CCT. The PCM is not expected to pay bills, etc. for the member receiving services.

I understand that being a member of the Congregational Care Team normally requires being at least 21 years of age and a member of KFMC.

I accept the responsibility to maintain my spiritual, church family, and community standing, consistent with those requirements and values, to be a CCT member.

\*Must be signed by both parties if a couple is participating.\*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_ Alternate # \_\_\_\_\_

Address \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

