

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.

PLEASE PRINT

Name:	Date:	
Address:	Email:	
Phone (work):	Home:	Cell:
City/State/Zip:		
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?

Check one: Yes No

2. Do you understand that high standards of moral and ethical conduct are expected of a lay pastoral caregiver?

Check one: Yes No

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?

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

Check one: Yes No

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?

Check one: Yes No

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

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

Check one: Yes No

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.

Check one: Yes No

PLEASE PRINT

Name: _____

Signature: _____ Date: _____

Return these forms to your designated COH person at Grace Episcopal Church, Gainesville, GA

The Community of Hope
Application Part II

PLEASE PRINT

Name:	Date:	
Address:	Email:	
Phone (work):	Home:	Cell:
City/State/Zip:		

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 or
- 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.

PLEASE PRINT

Name: _____

Signature: _____

Date: _____

Return these forms to your designated COH person at Grace Episcopal Church, Gainesville, GA

The Community of Hope
Lay Pastoral Caregiver's Covenant

Having completed The Community of Hope International Lay Pastoral Caregivers' Training, I agree to serve as a lay pastoral caregiver for the next 12 months, keeping this covenant:

- A. I will seek to grow spiritually by maintaining the following spiritual disciplines.
1. Regular worship in my community of faith
 2. Daily spiritual reading and prayer
 - a. The Rule of St. Benedict: A Spirituality for the 21st Century
 - b. Scripture reading or spiritual reading and prayer
 3. Annual retreat or "Quiet Day" as able
- B. I will be faithful in my commitment and duties as a lay pastoral caregiver by doing the following:
1. I will serve regularly when called upon by my Pastoral Care Administrator or clergy or when a need arises.
 2. I will find my own replacement, if appropriate, if I am unable to fulfill my scheduled commitment, and/or will notify my Pastoral Care Administrator.
 3. I will attend the monthly Circle of Care meetings as able to facilitate my on-going spiritual growth, continuing education and supervision, as well as offer encouragement and support to lay pastoral caregivers.
 4. I will maintain confidentiality of my pastoral care receivers and of the content of our visits, except in the cases of potential homicide, suicide or actual child or elder abuse. I will protect the identity of my care receivers so they are not recognized in my monthly Circle of Care meetings and I will focus on my part of the relationship or visit when talking about a situation.
 5. I will respect the spiritual tradition or orientation of care receivers and staff and seek to support them without offending their culture or tradition.
 6. I will not try to impose my spirituality on anyone. I will relate with care receivers, primarily through active listening, seeking to allow their own spirituality to assist their healing process.
 7. When serving as a lay pastoral caregiver in an institution, I acknowledge that I do so only with the permission of that institution and that I minister under their authority and I will abide by their expectations and guidelines.

PLEASE PRINT

Name: _____

Signature: _____

Date: _____