BAPTIST COMMUNITY MINISTRIES
Congregational Wellness

REGISTRATION FORM 2019

Incomplete applications will not be accepted.
Pastor's endorsement and fees must accompany this form.
All churches must be registered and in good standing with the Louisiana Secretary of State as an official institution.

Check one: ☐ $225 Church Nurse Education Program (RN's only) – Saturdays 8am – 5p February 23, March 9, 23 & April 6

☐ $75 Congregational Health Promoter Program – Tuesdays 6pm to 9pm February 26, March 12, 19, 26 and April 2

Name_____DOB_____

Address_____

City, State, Zip_____

Home Ph_____ Work Ph_____ Cell Ph_____

E-mail_____

Ministry or community volunteer experience _____

Current occupation and area of specialty_____

Retired Yes_____ No_____ Former occupation_____

Schools attended _____

GED__HS__AD__BA__BS__MA__Doctorate__Other_____

Current licenses (TYPE) _____**RN License #** _____

List any special needs (physical, dietary, etc.) _____

Pastor/ Clergy/ Church Leader _____

Church _____Denomination _____

Website_____ # of Adult Members_____

Wellness Ministry Leader Acknowledgement (if your church has an established ministry with a leader)

Name _____ Signature_____

Referred by alumni (Name) _____

By signing below, I agree to attend orientation, scheduled classes and graduation on April 15, 2019, 7pm – 8pm.

_____

Signature of Applicant **Date**

For additional information call: Nurse Manager 504-593-2339 or Lay Health Coordinator 504-593-2330

Make checks payable to: Baptist Community Ministries (BCM)

Mail to: CW Registrar, 2222 Lakeshore Drive, New Orleans, LA 70122

Rev. 7/31/18

BCM
BAPTIST COMMUNITY MINISTRIES
Congregational Wellness

PASTOR'S ENDORSEMENT

Dear Pastor:

Please complete and sign the memorandum below to signify that you support the enrollment of volunteers from your church in the BCM Congregational Wellness' (check one)

Church Nurse Program_____ **Congregational Health Promoter Program**_____

Your endorsement also represents your church's commitment to strongly consider the establishment of a wholistic wellness ministry at your church (if none exists) once the volunteer has completed training.

As pastor of the church listed below I fully support the enrollment of the following person(s) in the Baptist Community Ministries-Congregational Wellness Training Program:

_____

Names of volunteer(s)

Once volunteers complete the training program, I commit to working with them to establish or further wholistic wellness at our church. I will fully explore implementing the STAR (Strategies To Trim and Reduce) weight loss and blood pressure control program as part of our ministry.

_____**I have attached a copy of the church's active status from the Louisiana Secretary of State.**

_____ _____

(Signature of Pastor) (Date)

CONTACT INFORMATION

(Please print)

PASTOR'S NAME: _____

CHURCH: _____

(Churches must use the name that is registered and in good standing with the Louisiana Secretary of State as an official institution.)

ADDRESS: _____

CITY, STATE, ZIP:_____

PHONES:
Church: _____ Fax:_____ Home:_____ Cell:_____

Email: _____

Rev. 7/31/18