



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: _____