



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: \_\_\_\_\_