

## The Community of Hope Application, Part I (OPTIONAL)

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

**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.

No \_\_\_\_\_ Yes \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return these forms to:

**St. James Episcopal Church  
ATTN: Community of Hope  
860 N. Section Street  
Fairhope, AL 36532**