

Stephen Ministry - Visitation Team



Interest Form – YES, I want to learn more!

The SM Visitation Team is a group of caring individuals who are making a difference to the members of First Christian Church who are in need. As an expression of true Christian stewardship, they give of their time to visit with members who are home bound, in a nursing home, recovering from illness or in the hospital.

I am interested in learning more! OR Yes, I am ready to be a member of a team.

Name: _____

Mailing address: _____

Home Phone: _____ Alternate/Cell phone: _____

Email: _____

Did you participate in the 2009 Visitation Team training by Rev. Jack Clifford? yes no

In making visits with members, I would prefer to volunteer: on my own (solo) with a teammate (duo).

Team Sign up – Please mark (✓) the team you are interested in serving on. If you are flexible, and would open to serve on any team, please rank #1, #2, etc.... your team preferences. Once all interest forms are received, teams will be created based on the number of replies for each team. Members will serve on one team.

____ **Hospital Team** - serve “on call” to visit members in the hospital due to illness, emergency or surgery, you will need to have a flexible schedule to make visits as they “pop up” on the calendar.

____ **Recovery Team** – visit with members at home recovering from medical procedures, experiencing grief or loss, or struggling with life’s every day situation and needs an ear to listen.

____ **Homebound Team** - visit members on a regular basis who are homebound or reside in a nursing home or long term care facility, visits are more social in nature and provide a constant contact from FCC.

____ **Transportation Team** – provide transportation for members who desire to attend worship services and church functions but cannot provide their own transportation or can no longer drive.

Why are you interested in serving on the SM Visitation team?

(continued on the back ->)

Training Workshop (4) will be held in the Fall. Which session time would work best for you?

*(Please check **ALL** that are **GOOD** for **YOU**.)*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Monday night | <input type="checkbox"/> Wednesday night | <input type="checkbox"/> Friday night | <input type="checkbox"/> Sunday afternoon |
| <input type="checkbox"/> Tuesday night | <input type="checkbox"/> Thursday night | <input type="checkbox"/> Saturday morning | <input type="checkbox"/> Sunday evening |

Do you serve on any other FCC committees or groups? If yes, which ones?

On average, how much time do you have to volunteer on the team? _____ hours weekly or monthly

Are there any schedule restrictions or things that need to be considered before you can serve on a team?

What topics would you like to learn more about before serving on the team?

Are there any questions you have about serving on the team?

At this time, I am.... Interested in the Visitation Team. **OR** Yes, ready to be a member of the team.

Signature: _____ Date: _____

Please submit your SM Visitation Team interest form to the FCC office. Thank you!!!

Reviewed by: Senior Minister Stephen Ministry Team Assignment: _____