

Missouri United Methodist Congregational Health Ministries
Demographic Information Form

Name of church:

Name of District:

Name of Pastor:

Name of contact other than pastor:

Email or phone of contact:

Address of church:

Phone and Fax numbers:

Email of Church:

If not currently offering an intentional health ministry program: Please circle one:

Our church is interested in developing a health ministry. Yes No Maybe

Send "how to" information to:

If your church does have a health ministry program/Parish Nurse (Faith Community Nurse)

Name and title of Faith Community Nurse (FCN)/ or Health Ministry (HM) Coordinator:

Faith Community Nurse/HM Coordinator Phone:

FCN/HM Coordinator Email:

Has FCN taken the basic preparation course? Yes No

Please circle one in each line below:

Church Size: Small (under 75) Medium (75-200) Large (over 200)

Rural membership Urban membership Suburban membership

Is FCN paid staff? Is FCN Volunteer staff? Is FCN volunteer Non-staff?

Please mail completed form to: Attention Julie Taylor, Ozarks North/South United Methodist Districts Office, 560 N. Stewart, Springfield MO 65802, or copy to a Word document, complete on Word document, attach to an email, and send to **fcnjulie@gmail.com**