



## Congregational Care Minister Assessment

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Member of FUMC since: \_\_\_\_\_

Involvement at the church (present): \_\_\_\_\_

Involvement at the church (past): \_\_\_\_\_

Caring Certifications: \_\_\_\_\_

Higher level Bible Studies you have completed (such as Disciple, Christian Believers, etc):

Title and when completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answer the following on the back of this form:

- 1) Why are you being led to be a Congregational Care Minister?
- 2) What does it mean to be a deeply committed disciple of Christ?
- 3) Do you practice any spiritual disciplines? If so, what are they?
- 4) Explain your understanding of grace.
- 5) Write a faith autobiography (limit this to 1 page maximum).