



**EMHC/EMHC to the Sick application page 2; NOTE: EMHC to the Sick must be at least 21.**

Do you drive?		Have a car?		Languages	
Do you have auto insurance? Yes		No		Date verified	
When are you available to do ministry visits:		Weekly		Bi-weekly	
				Once a month	
Do you prefer:	Hospital	Nursing Home	Homebound	Substitute	What day of the week would you be able to serve?
Are you available to attend the half-day training for EMHC?					
Are you willing to attend the training for the Ministry of the Sick?					
Are you willing to commit to this ministry for five years?					
Are you willing to complete the hours of continuing education (15 hours) needed for recertification?					
EMHC to the Sick Coordinator Signature				Date	
Applicant Signature _____				Date _____	
Parent Signature (required if under 18) _____				Date _____	
Office use only Action taken:		Fingerprinted:		Pastor approval:	
EMHC coordinator approval		Notes:			
EMHC to Sick coordinator approval					
Pastor approval					