

To: KUMC Widow/Widower/Single Ministry Leadership Team (C/O Church Office)

From: The Undersigned

RE: Personal Commitment Letter of Understanding to serve as a Personal Care Minister for the Widow/Widower/Single Ministry

The Widow/Widower/Single Ministry responds to our widow/widower/single's requests for help through a loving relationship with a Personal Care Minister (PCM). PCM's goals are to help their widow/widower/single live out their spiritual ministry with as much peace and comfort as possible. Secondly, to be a Christian witness to their family and friends.

I understand and commit to responsibly maintain the special trust and confidence that the KUMC widow/widowers/single members have developed with KUMC. This trust extends to their personal safety as well as their property. Our commitment is that our ministry service motives will always be entirely based, without compromise, on their Spiritual, mental and physical well-being.

Ministry services will be determined based on the unique composite of the widow/widower/single member's personal health, interests, resources, closeness of, and attention from family and friends. However, a monthly personal contact status check for personal needs requests and an offer to pray together is the minimal contact required to be a PCM. Address and hospitalizations should be reported immediately to the church office. PCM's service will be influenced by their time constraints, skills, mobility, resources, etc. PCM's service could also be to help secure helpful resources such as the Handyman Ministry. The PCM is not expected to pay bills, etc. for their widow/widower/ single.

I understand that to be a member of the Widow/Widower/Single Ministry Team normally requires being at least 21 years of age and an active member of KUMC.

I accept the responsibility to maintain my Spiritual, church family and community standing consistent with these requirements and values, to be a Widow/Widower/Single Minister. \*Both persons must sign for a couple to minister.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ E-mail \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ E-mail \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_