

Widow/Widower/Single Ministry Application

Name: (Print) _____

Check one: Widow: _____ Widower: _____ Single: _____

Address: _____

Phone: Cell _____ Home _____

I prefer one phone call a month from my personal care minister. _____

I request the following to be done:

Fill water softener with salt _____

Fill bird feeder _____

Change lightbulbs _____

Change AC filters _____

Retrieve items from an attic space _____

Other: _____

Other: _____

Other: _____

I commit to having a Personal Care Minister assigned to me. I commit to praying for my personal care minister and communicating my ministry needs.

Signed _____ Date: _____

Received by _____ Date _____