

Health Ministries Network Foundations Course
2023 Application Packet

Greetings from Health Ministries Network (HMN),

We are pleased that you are interested in becoming a Faith Community Nurse or Health Minister. The next hybrid (in person and online) Foundations Course for Faith Community Nursing and Health Ministry is offered Saturday, September 23 to November 18, 2023. The course will take place entirely online through three Saturday Zoom sessions (9/18, 10/21, 11/18) and in the Western Washington University Canvas System. You will receive support and assistance in getting connected, both online and with the Faith Community Nurses (FCNs), Health Ministers (HMs) and Community Health Advocates (CHAs) in the network! The fee for the Foundations course is \$375.

The course is made possible by funding from the Jean Billings Tischler Education Fund. Scholarships are available. The application materials are listed below.

Please submit your application and application deposit by Friday, August 4, 2023 to the Health Ministries Network ED, director@healthministriesnetwork.net AND Course Instructor, Bill Lonneman, lonnemw@wwu.edu .

APPLICATION

A completed application will include:

Commitment Statement, Course Application, References, and a copy of your Driver License and Nursing License (if applicable). Application materials may be printed and scanned to PDF and emailed to both director@healthministriesnetwork.net and Course Instructor, Bill Lonneman lonnemw@wwu.edu or sent by mail to the address below: **Health Ministries Network 800 E. Chestnut St., Suite 1A Bellingham, WA 98225**

Grateful,

Director
Health Ministries Network

APPLICATION DEPOSIT

A nonrefundable \$50 application deposit must be submitted with your application. You may submit your deposit online at www.healthministriesnetwork.net/donate (scroll to and select “Health Ministries Network”, and include a note that this is for your Foundations Course application in the “Additional Comments section”) or by check made out to “**Health Ministries Network**” and mailed to the address above.

BACKGROUND CHECK

HMN is required to complete a background check on all prospective volunteers. Prior to entering the course, we will verify licensing credentials (if you are applying to become a Faith Community Nurse) and check all applicants’ backgrounds in the Washington State Patrol background check system. Please consent to a background check on your application and **provide a photocopy of your driver’s license OR the DL number, your name and your birth date:**

INTERVIEW

As part of the application process, course applicants will receive a call from the HMN Foundations Course Coordinator. You will have the opportunity to ask questions and clarify the course objectives.

FOUNDATIONS COURSE APPLICATION PACKET

Please complete all sections of the application and submit by email or mail:

Applicant Information

Last name:

First name:

Middle Initial:

Email Address:

Phone:

Address:

Phone 1:

Phone 2:

Professional title:

Current license type (Please include a copy of your license with this application):

State of license:

Do you carry professional liability Insurance?

What is your practice specialty?

Emergency Contact Information

Emergency contact name:

Emergency contact relationship:

Emergency contact phone number(s):

Experience

In what areas of healthcare and/or spiritual care and education do you have experience?

Are you currently involved with a congregational or community health ministry? If so, where is the location?

Education

Please enter the name, dates of attendance, and degree(s) earned of colleges and universities you've attended.

Institution Name Dates of Attendance Degree earned

Interest Questions

Why do you want to attend the Foundations of FCN/Health Ministry Course?

What do you consider to be your most important attributes that make you suited for this health ministry?

How would you describe whole person health?

1. For all applicants, please verify by initialing that you are able to comply with these expectations:

___ I am able to attend all scheduled classes of the “Foundations” course I have access to a computer with an e-mail address for this online course, to be delivered via Canvas and ZOOM. Optional pre-course orientation to course format and tech support are available to assist you.

___ Should my affiliation with my faith community change during or after the course, I will notify HMN.

___ As a faith community volunteer, I will commit to work 1-4 hours per week when possible.

___ I will do my best to attend HMN monthly meetings and annual retreats that are appropriate to my practice setting I will maintain standards of privacy and confidentiality, as they apply as a Faith Community Nurse or Health Minister.

2. For registered nurse applicants only, please review and sign:

I will obtain professional liability insurance as a faith community nurse when I begin my practice and provide HMN with a copy of my initial Certificate of Insurance I have a current RN license, in the state or province in which I practice, that can be verified from a primary source.

As long as I maintain that active license, I can use the title “Faith Community Nurse” (or other variations using the word “nurse”.)

I have read, understand, and agree to adhere to the expectations that I checked.

Print name and professional license type, if any:

Signature:

Date:

References

Please provide two references using OPTION 1 OR OPTION 2.

OPTION 1: If you are currently affiliated with a church or spiritual community, one reference comes from your current pastor or church or community leader and one additional reference from a professional colleague.

OPTION 2: If you are not affiliated with a church or spiritual community, one reference comes from a professional colleague, and one personal reference from someone who knows you and your values well.

Reference Information

Name/Relationship:

Phone:

Email:

Name/Relationship:

Phone:

Email:

Health Ministries Network

Consent for Background Check and Application Confirmation

I, _____ [Insert applicant name] hereby authorize the Director of Health Ministries Network and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to Health Ministries Network's verification of all the information I have provided on my application form. With regard to the foregoing disclosures, I hereby agree to release any person, nonprofit, or other entity from any and all causes of action that otherwise might arise from supplying HMN with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant Name:

Applicant Signature:

_____ Date: _____

Please include a copy of your nursing license and driver license. You will be contacted for your interview after the application, application deposit, and background check packet is received/reviewed.

Please visit our website for more information about our program: www.healthministriesnetwork.net

Thank you for your interest in faith community nursing/health ministry!