

UNITED METHODIST HEALTH MINISTRY FUND

Healthy Congregations Covenant

INTRODUCTION

We are constantly presented with choices that either enhance or detract from our overall health and well-being. When we are physically, emotionally, socially and spiritually healthy, we become more of what God intended us to be and we are more available to do the work to which God has called each of us in ministry. The keys for successful health ministry include identifying a lay member with a passion for health ministry, securing the support and enthusiasm of the pastor, and building a diverse health ministry team. The Health Fund has developed programs that can support building health & wellness ministries in Kansas United Methodist congregations. In addition, there are resources and training opportunities available to support congregational health ministry programs. To further their personal growth and effectiveness in health ministry, Health Ministry Coordinators and team members are encouraged to participate in continuing education opportunities, such as those offered at the Healthy Congregations Retreat or other regional or local courses/training.

INSTRUCTIONS

- Complete **church information** and **Health Ministry Coordinator information** on this form
- Complete **team member information** on this form if members are known at this time
- Print this form and gather required signatures from Pastor, Health Ministry Coordinator, and Administrative Council representative
- Mail completed form to:
United Methodist Health Ministry Fund
P.O. Box 1384
Hutchinson, KS 67504-1384
- Visit www.healthfund.org to submit online forms, register for training sessions, and keep up with program news

COVENANT AGREEMENT

As Pastor I agree to:

1. Support health ministry programs in worship, in meetings and in person whenever possible.
2. Strive to become a health ministry role model in all four dimensions of health.
3. Encourage consideration of a health ministry line item in the church budget.
4. Provide direction and support for a health ministry committee.
5. Ensure oversight of health ministry funds.

As Health Ministry Coordinator I agree to:

1. Serve as health ministry contact for Annual Conference communication and reporting.
2. Strive to become a health ministry role model in all four dimensions of health.
3. Submit an annual health ministry line item budget for consideration by our congregation.
4. Be responsible for use and tracking of health ministry funds.
5. Recruit members to form a health ministry committee and agree to serve as Chair for the committee.
6. Complete online Healthy Congregations Report

The United Methodist Health Ministry Fund agrees to:

1. Host an annual Healthy Congregations Retreat to be available to Kansas United Methodists at no cost for registration, lodging or meals.
2. Provide financial support for at least 4 regional and/or electronic Healthy Congregations training sessions to be conducted.
3. Provide annual Healthy Congregations awards of \$100 for each year that the online Healthy Congregations Report is completed.
4. Provide initial “Level 2 signing bonus” of \$1,000 for training and program support to churches that agree to:
 - a. Complete an annual Healthy Congregations Report
 - b. Have a team of at least three members (not including the pastor) complete the health ministry core curriculum within 24 months
 - c. File an annual Healthy Congregations Plan for health ministry activities, once training is complete.
5. Provide annual \$1,000 Healthy Congregations awards for those Level 2 churches that:
 - a. Have earned the health ministry certification (completed the health ministry core curriculum)
 - b. Maintain a team of at least three members (not including the pastor) who have completed the health ministry core curriculum
 - c. Complete an annual Healthy Congregations Report
 - d. File an annual Healthy Congregations Plan for health ministry activities.
6. Maintain Healthy Congregations Resources website content and communication materials that support health ministry efforts including, but not limited to: discussion forums; resource library; best standards and practices; forms and documents; health & wellness blog; and print communication materials.
7. Develop and/or provide other health ministry materials that are appropriate for use by congregations.
8. Provide financial support for presentation of the Self-Care Workshop to church clergy, clergy spouses, laity, and laity spouses.

We agree to participate at the Level 2 “Covenant of Action”

Pastor Signature	_____	Date	_____
Coordinator Signature	_____	Date	_____
Administrative Council	_____	Date	_____
Health Fund Signature	_____	Date	_____

Important Notes:

- Churches which participated in the Healthy Congregations in Action pilot project, and which retain at least three active HCIA team participants as members of the Covenant health ministry team, are considered to have already completed the health ministry core curriculum and are eligible to become “certified” without additional training. 27 churches participated in the HCIA pilot and are potentially eligible.
- An individual congregation will qualify for only one award per year of those described in 3, 4 or 5 above.
- Special rule about parishes: generally, parishes will be treated as a single entity for purposes of the ability to make a Level 2 Covenant election. However, if separate churches in a parish are able to form distinct health ministry teams, they will be eligible to individually participate at Level 2 upon approval.

COVENANT CONTACT INFORMATION

Church and Health Ministry Coordinator information is required for participation. Please enter **Team member** information if members are currently known. Fields marked * are required.

Church Information

*Church Name:		*District:	
*Mailing Address:		*UM Conf.:	KS West / KS East
*City, State, Zip		*Phone:	
*County:		Fax:	
*Pastor's name:		*Membership:	
*Was church in Healthy Congregations in Action pilot?	Yes/No		
If yes, are there at least three remaining HCIA Team Members?	Yes/No (list team members below)		

Note: List church membership as of most recent year end. Yoked/Federated parishes should report total membership (UMC/non-UMC) involved in the reported ministries.

Health Ministry Coordinator Information

*Coordinator Name:		Occupation:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other Phone:	
*Primary email:		Other email:	

Team Member Information

*Team Member Name:		*Primary email:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other email:	

Team Member Information

*Team Member Name:		*Primary email:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other email:	

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*Team Member Name:		*Primary email:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other email:	

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*Team Member Name:		*Primary email:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other email:	

Team Member Information

*Team Member Name:		*Primary email:	
*Mailing Address:		*Primary Phone:	
*City, State, Zip		Other email:	

Please add pages as needed for other team members.