

# Healthy Congregations Plan 2010



## Healthy Congregations Covenant program guidelines and instructions

### What is required?

- The church pastor and health ministry coordinator must first enter into a Health Ministry Covenant with the Health Fund and select to participate at either Level 1 or Level 2.
- Both Level 1 and Level 2 churches will be required to complete a Healthy Congregations **Report** on their top 3-5 health ministry activities carried out the previous year.
- Both Level 1 and Level 2 churches should plan activities that promote physical health, mental/emotional health or social health.
- **Only Level 2 churches will submit their health planning forms for the upcoming year.** Level 2 planning forms will be accessible throughout the year to update, add new activities, or delete plans that are not implemented.

### Why should we participate in Healthy Congregations?

- Help us recognize the good work your congregation has done in health ministry!
- By sharing your ideas, you help to improve the health ministry of other congregations.
- To develop health ministry teams' skills and confidence, Level 2 churches will receive an award of \$1,000 to support their required participation in Core Course training for health ministry. A total of 15 contact hours of core training is required to be completed by at least 3 health ministry team members over the 24 months following their covenant signing.

### How do we participate?

- **The Health Ministry Coordinator** will be responsible for reporting your church's health activities
- Just fill out our report form, **either on-line through our website (strongly encouraged)** or on paper.
- Level 2 churches should submit your completed plan on-line or postmarked by **March 1, 2010**.

### When will the awards for outstanding health ministry be announced?

- Healthy Congregation Covenant churches will be recognized at the Kansas East and Kansas West Annual Conferences.
- Selected health ministry activities will be published on the Health Fund website.

**Questions? Need help?** Contact us by e-mail or phone (listed below). We'll be happy to help!

**United Methodist Health Ministry Fund**  
PO Box 1384, Hutchinson, KS 67504-1384  
620.662.8586 | 620.662.8597(fax) | healthfund@healthfund.org



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## 1. Church Information

Church Name:		District:	
Address:		Phone:	
City:		Fax:	
Zip:		E-mail:	
County:		Pastor's name:	
Conference:	KS West / KS East	*Membership:	

\*Church membership as of 12/31/09. Yoked/Federated parishes should report total membership (UMC/non-UMC) involved in the reported ministries.

Does your church have a health & wellness committee?     Yes/No  
 Does your church have volunteer Staff?                         Yes/No  
 Does your church have paid Staff?                                 Yes/No

## 2. Health Ministry Coordinator

Your name (print):		Your title:	
Signature:		Date:	

Complete online (preferred) or mail this report no later than **March 1, 2010** to the address below.

## 3. Healthy Congregations Covenant

List ways that the Pastor intends to act as a role model in the four dimensions of health.	
List ways that you intend to act as a role model in the four dimensions of health.	
List the training sessions which you and your team members plan to attend this year.	
Describe the members of your health ministry team and how often they meet.	
Describe how you plan to use your health ministry funds, such as travel to training, specific programs or events.	
Do any of your clergy or lay ministers plan to participate in a self-care workshop this year?	



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What challenges do you expect to encounter during the program/project/event?

How will you capture feedback from participants?

How will you capture feedback from volunteers?