# Durham County Health Ministry Network Application

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| Church Contact Information |
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| Name of Church |  |
| Pastor |  |
| Street Address |  |
| City ST ZIP Code |  |
| Mailing address (if different from above) |  |
| Phone |  |
| Website address |  |

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| Representative Information |
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| Representative contact name |  |
| Representative phone number |  |
| Representative email address |  |

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| Interests |
| Tell us if you are interested, or have skills in the following areas: |
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| Marketing |
| Event planning |
| Fundraising |
| Newsletter production |
| Volunteer coordination |

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| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Our Recommendation |
| The Durham County Health Ministry Network is a volunteer network. However, it is important to have the consent of the church’s pastor to participate on behalf of your organization. There are no dues to participate in the DC HMN, which is sponsored by the Durham County Health Department.Thank you for completing this application form and for your interest in membership to the Durham County Health Ministry Network. |