

# Health Ministries Network

Announcing the Spring 2018 Foundations of Faith  
Community Nursing / Health Ministry Course  
BELLINGHAM, WASHINGTON



Dear Applicant:

We are pleased that you are interested in becoming a Faith Community Nurse or Health Minister. The application materials are attached. The next course will be offered this spring 2018, March 3 through April 27.

The fee for the course is \$350. The deadline for the application is February 12, 2018. You may submit your application now if you wish. The application must be accompanied by a *non-refundable \$50 deposit to hold your place.*

**Please read and sign the attached Commitment statement and Conviction/Criminal History and submit it with your completed application.**

Mail your completed and signed application packet and \$50 deposit to:

**Health Ministries Network  
Foundations Course  
800 E. Chestnut St., Suite 1A  
Bellingham, WA 98225**

Make checks payable to: "JBT Parish Nurse Fund."

You can also make payment by credit card at: <http://www.chuckanuthealthfoundation/donate/>

Chuckanut Health Foundation (CHF) is the Fiscal Agent for Health Ministries Network. For questions: Contact CHF AT 360-671-3349, Monday – Thursday, 9 am to 4 pm.

**In Faith,**

*Carol Nicolay*

**Carol Nicolay, HM, Ed.D.  
HMN Interim Community Outreach Coordinator**

**HEALTH MINISTRIES NETWORK  
BELLINGHAM, WASHINGTON**

**COMMITMENT STATEMENT FOR APPLICANTS TO THE  
“FOUNDATIONS IN FAITH COMMUNITY NURSING/HEALTH MINISTRY”**

**For all applicants, please check  all that apply:**

- ( ) I am able to attend **all** scheduled classes of the “Foundations” course
- ( ) I have access to a computer with updated programs for the online portion of the course
- ( ) I will submit activity statistics to the HMN Program, when requested
- ( ) Should my church membership or affiliation change during or after the course, I will notify the HMN Coordinator
- ( ) As a volunteer faith community nurse or health minister, I will commit to work 1-4 hours per week in service to my faith community
- ( ) I will attend HMN monthly meetings and annual retreats, that are appropriate to my community nursing or practice setting
- ( ) I will maintain standards of privacy and confidentiality, as they apply to my faith community

**For a PeaceHealth/St. Joseph Medical Center badge in Bellingham, WA only:**

- ( ) I understand that my immunization status will need to be verified, should I wish to have badge access to PeaceHealth/St. Joseph Medical Center in Bellingham, WA
- ( ) If I do have badge access at the above facility, I will maintain the standards in place for patient protection and related expectations
- ( ) I will review and maintain standards of privacy and confidentiality as they apply to the hospital setting

**For registered nurse applicants only:**

- ( ) 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.**

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**Print name and professional license type, if any**

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**Signature, including your professional credentials**

**Date** \_\_\_\_\_

# HEALTH MINISTRIES NETWORK

Foundations of Faith Community Nursing/Health Ministry Course Application



Health Ministries Network  
800 E. Chestnut, Suite 1A  
Bellingham, WA 98225

APPLICANT INFORMATION							
Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Home Phone		Cell Phone/Other					
Email Address							
Emergency Contact							
(Name, Relationship, Contact Phone Numbers)							
Professional Title	Current License Type			State			
<b>DO YOU CARRY PROFESSIONAL LIABILITY</b>				(YES / NO)			
EDUCATION							
College, University, School	Dates Attended <i>From - To</i>			Degree(s)			
FAITH OR SPIRITUAL COMMUNITY NAME							
Pastor/Leader							
Address <i>City, State, Zip</i>							
Do you currently practice Faith Community Nursing or Health Ministry work?							
If so, where is the location?							
What is your practice specialty?							
Please check areas that you have experience:							
Teaching		Counseling		Program/Curriculum Development			
Health Counseling		Working with diverse populations					
Volunteer work (Type)				Church Ministry (type)			
Other Special Skills/Relevant Information							

TELL US THE FOLLOWING:

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

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

**Please describe a situation in which you helped a person in need of physical, spiritual or emotional support.**

**Please provide two Reference Letters with your application 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.

One pastoral, church or community leader reference from:

<b>Name:</b>		<b>Title:</b>	
<b>Church/Spiritual Community:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

**AND** one professional reference from (a current or former supervisor, colleague, or someone familiar with your professional/volunteer job or role):

<b>Name:</b>		<b>Title:</b>	
<b>Relationship:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

## 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.

**One professional reference from** (a current or former supervisor, colleague, or someone familiar with your professional/volunteer job or role):

<b>Name:</b>		<b>Title:</b>	
<b>Relationship:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

**AND one personal** reference (a friend, colleague, or co-worker who can speak to your character and/or values).

<b>Name:</b>		<b>Title:</b>	
<b>Relationship:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

Reminders for submitting your application for **Spring 2018** course (March 5 – April 27)

**1. Complete your packet containing application, signed commitment statement, conviction/criminal history information and references.**

**2. Submit the non-refundable \$50 with your application packet.**

If there is a sponsoring congregation or spiritual community, you may propose a split of the course fee between the prospective faith community nurse/health minister and the congregation or community, usually upon successful completion of the course.

If there is no sponsoring congregation, the applicant is responsible for the entire fee.

**3. The final fee payment (\$300) is due February 12, 2018.** This payment guarantees your place in the course.

Your acceptance into the Foundations of Faith Community Nursing/Health Minister Course of the Health Ministers Network will depend on the successful completion of the following:

- A background check conducted by Peacehealth/St. Joseph Medical Center based on the information you provided in the Conviction/criminal history information form;
- Verification that your professional nursing license is current in your state/province; and
- A completed application packet.

I have read over the above application form and instructions. I understand the application process and verify that all information I will submit is true and verifiable.

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Legal Signature of Applicant

Date Signed

You will be contacted after the application packet is received and reviewed to confirm your acceptance into the Foundations of Faith Community Nursing/Health Minister Course.

Please visit our website for more information about our program:

[www.healthministriesnetwork.net](http://www.healthministriesnetwork.net)

Contact HMN if you have questions or concerns.

Health Ministries Network  
Carol Nicolay, HM, Ed.D.  
Interim Community Outreach Coordinator  
Bellingham, WA 98225  
360-510-9797  
[carol@healthministriesnetwork.net](mailto:carol@healthministriesnetwork.net)

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

## CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, patients, the public and PeaceHealth property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW43.43.830 - .842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by law. A conviction/criminal history record does not necessarily disqualify an individual for employment. Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies. Initial and/or continued employment will be subject to a satisfactory Criminal Conviction Report.

Print Applicant Name (Last) _____ (First) _____ (M.I) _____	Date of Birth (month/day/year) _____
Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or other persons, or crimes relating to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (xxx-xx-xxxx) _____

**1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION**  
 Have you ever been convicted of any of the crimes listed below?  
 Yes  No

<input type="checkbox"/> Arson (1 degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) <input type="checkbox"/> Assault (1st/2nd/3rd degree) <input type="checkbox"/> Assault of a child <input type="checkbox"/> Burglary (1st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse of Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1st, 2nd, 3rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree)	<input type="checkbox"/> Custodial Interference (1 <sup>st</sup> /2 <sup>nd</sup> Degree) <input type="checkbox"/> Extortion (1 <sup>st</sup> /2nd/3rd *Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1st/2nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1st/2nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder, (1st/2nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1st/2nd Degree) <input type="checkbox"/> Rape (1st/2nd/3rd Degree) <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1st/2nd/3rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
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**2. DRUG -RELATED CRIMES**  
 Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?  
 Yes  No

**3. RELATED PROCEEDINGS**  
 Have you even been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?  
 Yes  No

**4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES**  
 Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?  
 Yes  No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?  
 Yes  No

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?  
 Yes  No

5. For all items checked yes in 1, 2, 3 and 4 above, specify the conviction or actions date(s), sentence(s) or penalty(ies), imposed, prison release dates(s) and current standing (e.g., parole, work release). For all items with an asterisk (\*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

**6. GENERAL CONVICTION INFORMATION:**

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations?  
 Yes  No If, Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.  
 I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize PeaceHealth to make inquiries regarding my education, work experience, references, unless otherwise stated, any criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the receipt of a satisfactory Criminal Conviction Report form the Washington State Patrol or other law-enforcement related agencies.

Signature _____	Date _____
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