

Ministry opportunities are listed on the inside of this brochure. Please mark your ministries of choice on the reverse side and provide your contact information below.

Return completed brochures to the Church Office.

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

“A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people will know that you are my disciples, if you have love for one another.”

John 13:34-35



For more information, email Molly Farmer at mfarmer002@verizon.net or call 972.867.0330.



 **first baptist plano**

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THE CARE MINISTRY TEAM ministers in many different ways to people in times of illness, death in their family, and to those in long-term care. You can be a part of what God is doing in and through the Care Ministry of First Baptist Plano on your own time, from your own home.

Please mark your ministries of choice and complete the back portion of this brochure.



Hospital/Rehab Visitation

I commit to visiting one hospital, one day a month for one year. I would prefer to visit:

(√ check one)

____ Plano (includes Medical Center of Plano, Presbyterian, Baylor Regional & Rehabs)

____ Richardson Regional, Rehabs and Medical City Dallas

____ Allen, McKinney, Frisco and Rehabs

Circle the weekday(s) you prefer to make visits:

S M T W Th F S



Post-Hospital Phone Ministry

I commit to make telephone calls one day each month for one year to those who have been in the hospital or have special needs.

Circle the weekday(s) you prefer to make calls:

S M T W Th F S



Bereavement Meals

When a death occurs, this ministry provides a meal for the family of the deceased member of FBCP. Due to the intermittent nature of the need for meals, food preparation will be requested as needed.

Meals are planned by the group captain. The church provides meat and bread, and the volunteers bring starches, vegetables, salads, and desserts – enough for ten people. A group captain will contact you as to which food group to prepare.

We invite cooks who have never been a part of this ministry to join us! We also ask that those who are currently on our roster please re-enlist so that we can update our groups. Please (√) check the appropriate box as to your availability to help supply the needed food:

____ All year ____ Weekends only

____ Plano School year only

____ Plano summer vacation only



Grief Ministry

As needed, I would be happy to be on the team that makes a personal visit and sends specified material to those who have lost family members.

Due to the sensitive nature of this ministry, we prefer participants who have personally suffered the loss of a family member.

____ I would like more information about this ministry



Homebound Contacts

I commit to make a personal visit to the same person(s) once a month for one year. I understand that my Home Care assignment may live in their home/apartment, a nursing home or assisted care facility.

We have members in various areas of the Metroplex. Please (√) check your preference(s):

____ Plano

____ Richardson

____ McKinney

____ Allen