

**Faith Community Health Promoter Course  
Participant Letter of Intent**

Print Name \_\_\_\_\_

Faith Community Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Dear Participant: A letter of intent stating your purpose and goals for taking this course is required to be submitted by the course registration deadline. Filling out this form will be accepted as your letter of intent, OR you can write your own.

1. Why are you attending the Faith Community Health Promoter Course? Check what applies and feel free to expand your answer as needed.

- I am curious about being involved in health ministry
- My faith community leader encouraged me to take the course
- I am wanting to learn more about being a health promoter and how I possibly see myself in this role
- I feel a calling to start a faith and health ministry and need to learn more
- I want to complete this course for my professional growth

Other/additional information:

\_\_\_\_\_

2. Do you currently belong to a faith community?

- Yes
- No If no, skip to question # 6

3. Does your faith community currently have a signed Letter of Agreement with Texas Health Resources?

- Yes
- No
- I'm not sure

4. If not, are you interested in learning about how Texas Health Resources can assist you with your faith community ministry?

- N/A or I'm not sure yet
- No
- Yes

5. If yes, have you spoken to your Faith Community Leader about the possibility of starting a faith and health ministry?

- Yes
- No

6. Do you feel you will have the support you need from your faith community to start a faith and health ministry?

- N/A, I am not starting a ministry
- Yes
- No

If no, what support do you feel you need?

---

---

7. How likely are you to start a faith and health ministry?

- I am not sure.
- I am thinking about doing it
- I want to start and faith and health ministry now
- I hope to start a faith and health ministry in the next 1-2 years
- I am already a part of a faith and health ministry program

8. What do you hope to gain from this course?

---

---

---

---

9. What do you plan to do with the information you learn at the course?

---

---

---

---

Additional information you would like us to know:

---

---

---

---

---

**Please scan and return this form by email to:**

**Sandra Denise Brown, MSN-ED, RN-BC**

Program Manager Faith Community Nursing

Texas Health Resources

[SandraBrown@texashealth.org](mailto:SandraBrown@texashealth.org)