

## SURVEY OF HEALTH/WELLNESS RESOURCES

### CONGREGATIONAL HEALTH MINISTRY BRANDON BAPTIST CHURCH

In order to best meet the health and wellness needs of our congregation, we need to determine what resources exist within Brandon Baptist Church. Please review this survey and, if you are included in one of these categories, please complete the survey and return it to one of the following:

Church office

Survey boxes at various locations in the church

Rev. Bernard Nail—Co-Chair, Congregational Health Ministry

Dr. Marcia Rachel—Co-Chair, Congregational Health Ministry

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Name: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Please mark all professions, licenses, certifications, registrations that you hold:

- |  |   |
|--|---|
| <input type="checkbox"/> Athletic Trainer                  | <input type="checkbox"/> Audiologist                  |
| <input type="checkbox"/> Certified Nurse Aide              | <input type="checkbox"/> Chaplain                     |
| <input type="checkbox"/> Dental Hygienist                  | <input type="checkbox"/> Dentist                      |
| <input type="checkbox"/> Dietician/Nutritionist            | <input type="checkbox"/> Emergency Medical Technician |
| <input type="checkbox"/> Health Information Manager        | <input type="checkbox"/> Licensed Practical Nurse     |
| <input type="checkbox"/> Medical Radiation Technician      | <input type="checkbox"/> Medical Technologist         |
| <input type="checkbox"/> Nurse Practitioner                | <input type="checkbox"/> Occupational Therapist       |
| <input type="checkbox"/> Ophthalmologist                   | <input type="checkbox"/> Optometrist                  |
| <input type="checkbox"/> Paramedic                         | <input type="checkbox"/> Pharmacist                   |
| <input type="checkbox"/> Pharmacy Technician               | <input type="checkbox"/> Physical Therapist           |
| <input type="checkbox"/> Physician                         | <input type="checkbox"/> Physician Assistant          |
| <input type="checkbox"/> Podiatrist                        | <input type="checkbox"/> Psychologist                 |
| <input type="checkbox"/> Registered Nurse                  | <input type="checkbox"/> Respiratory Therapist        |
| <input type="checkbox"/> Social Worker                     | <input type="checkbox"/> Speech Language Pathologist  |
| <input type="checkbox"/> Student (in which program?) _____ |   |
| <input type="checkbox"/> Other _____                       |   |

Is your license/certification/registration current in the state of Mississippi?    Yes    No

If you are not a licensed/certified/registered health care professional, do you have other experience in the health field? Please describe \_\_\_\_\_  
\_\_\_\_\_

Are you able and willing to assist with the Brandon Baptist Church Congregational Health Ministry? (For example, with education, screening, planning, etc. This does not commit you to serving on the team, but is simply a way of determining what our potential resource pool is in the congregation.)	Yes	No
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Are you interested in being part of a medical mission trip?	Yes	No
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Other comments? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest and your information. We look forward to working as a team to further God's work.