

2022 Partners in Health and Wholeness Collaborative Pledge

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Please read all instructions and requirements before proceeding to the form.

If you need assistance completing the form, please don't hesitate to contact our PHW Program Coordinator, Brandy A. Murray, at PHWinfo@ncchurches.org (mailto:PHWinfo@ncchurches.org) or contact a PHW team member. (<http://www.ncchurches.org/wp-content/uploads/2019/05/2019-PHW-County-Contacts-Regions.pdf>)

Once your PHW Collaborative pledge has been accepted, you will be eligible to apply for a mini-grant within the following 12 months. Our mini-grant cycles for 2021 will be: February-March, June-July, October-November. **Please complete the PHW Collaborative at least 3 weeks before submitting a PHW Mini-Grant application in order for us to respond in a timely manner.**

Attention

- **You are not able to save and come back to the Pledge form.**
- **We recommend you print this document to prepare your responses BEFORE entering them on this form.**
- We also highly recommend you save your answers on a separate document as you fill out the Pledge so that you do not lose your responses if the form closes for any reason.
- A copy of your pledge submission will be sent to you and your faith leader.
- **ONCE YOU HAVE SUCCESSFULLY SUBMITTED THE FORM, PLEASE CHECK TO MAKE SURE YOU HAVE RECEIVED A CONFIRMATION EMAIL**

If you do not receive a confirmation email or if you would like assistance saving your answers or printing the form please contact our Program Coordinator, Brandy Murray, at PHWinfo@ncchurches.org (mailto:PHWinfo@ncchurches.org) or the appropriate PHW team member (<https://www.ncchurches.org/wp-content/uploads/2020/05/2020-PHW-Contact-Card.pdf>) based on focus area or location. Thank you so much for your cooperation!

Pledge Guidelines

When filling out the form, please type every name out fully with no abbreviations including congregation names, health lead names, and faith leader names.

Example: St. Maria's United Methodist Church

NOT: St Marias UMC

This will ensure your Pledge gets added properly to your account. As we continue to expand our network, we hope you will continue to include as much detail as possible in the PHW forms. We ask Health Leads to always answer the 5 W's: Who, What, When, Where, and Why?

Partners in Health and Wholeness Collaborative Criteria

For congregations joining the Partners in Health and Wholeness Collaborative, we require the following commitments to health and wholeness:

1. **Maintaining tobacco free buildings on worship grounds.**
2. **Serving healthy food and drink options at congregational activities, events, and meetings.**
3. **Asking your clergy person or faith feader to complete the Clergy Commitment.**
(<https://www.ncchurches.org/programs/phw/collaborative/clergy-pledge/>)
4. **Sharing the message of health as a faith issue.**
5. **Integrating at least one church-based activity based on one of the five focus areas of the PHW program: tobacco cessation and prevention, healthy eating, increased physical activity, mental health advocacy and education, or healthy aging.**

The Partners in Health and Wholeness program is supported by The Duke Endowment. This program supports worshipping communities and congregations across the state of North Carolina. Due to our grant guidelines, we are unable to support non-profit agencies.

*We define a worshipping community as a congregation that holds regular religious services in an established place of worship and also has a health ministry or would like to start a health ministry dedicated to the well-being of its members and its surrounding community.

If your health ministry does not meet the above criteria, please contact our Program Coordinator, Brandy Murray, at PHWinfo@ncchurches.org (mailto:PHWinfo@ncchurches.org) or a PHW team member (<https://www.ncchurches.org/wp-content/uploads/2020/05/2020-PHW-Contact-Card.pdf>) for assistance.

For more information and a list of our FAQ's CLICK HERE.

(<https://www.ncchurches.org/programs/phw/phw-collaborative-and-mini-grant-faqs/>)

Contact Information

Name of Congregation *

Congregation's Postal Mailing Address *

Address Line 2

City *

Country *

State *

Zip Code *

North Carolina County *

PHW Health Lead's Contact Information

*The PHW Health Lead should be the main contact person in charge of submitting the Collaborative Pledge and Mini-Grant Application.

Title

First Name *

Middle Name

Last Name *

Suffix

Phone Number *

Email *

Faith Leader's Title and Contact Information

Title

- None - ▼

First Name *

Middle Name

Last Name *

Suffix

- None - ▼

Phone Number *

Email *

Congregation Specifics

What is the Denomination, Religious, or Faith affiliation of your congregation? *

- Select - ▼

How many people make up your congregation? Be sure to include members and non-members. *

1-50

51-99

100-199

200-300

300+

What is the racial and/or ethnic make-up of your congregation? *

- Select -

Has your Faith Leader/Clergy Person completed the Clergy Pledge? *

The Clergy Pledge must be completed to be accepted into the Collaborative.

Yes

If you are interested in a Mini-Grant, please let us know which one: *

PHW Mini-Grant (One congregation)

PHW Community Mini-Grant (At least 3 congregations)

Being Healthy, Being Faithful - Tell us about your Health Ministry

How does your health team or worship leader share health as a faith issue? Please check all that apply. *

- During worship services
- Bible Study
- In worship literature
- Small group study
- Other

Please share additional details about how your congregation integrates health as a faith issue either from the areas above or in other unique ways.

Success and Challenges - Past 12 Months

Please describe what healthy HABITS, PROJECTS, or PROGRAMS your health ministry has continued or adopted in the PAST 12 months in each "AREA OF HEALTH" below. Please use as many details and examples as possible. Think of this as your opportunity to showcase what your health ministry has begun, sustained, or expanded on in the past 12 months.

Tobacco Prevention and Cessation *

- Select -

In one paragraph, please carefully describe what your health ministry has done regarding tobacco prevention and cessation in the PAST 12 months. If this does not apply to you simply type n/a. *

Healthy Eating *

- Select - ▼

In one paragraph, please carefully describe what your health ministry has done regarding healthy eating in the PAST 12 months. If this does not apply to you simply type n/a. *

Increasing Physical Activity *

- Select - ▼

In one paragraph, please carefully describe what your health ministry has done regarding increasing physical activity in the PAST 12 months. If this does not apply to you simply type n/a. *

Mental Health *

- Select - ▼

In one paragraph, please carefully describe what your health ministry has done regarding mental health in the PAST 12 months. If this does not apply to you simply type n/a. *

Healthy Aging *

- Select - ▼

Has your health ministry focused on healthy aging in the past 12 months? Healthy aging is the development of physical and spiritual resources that allow for well-being and flourishing in the second chapter of life. Please explain. *

Overdose Crisis / Substance Use *

- Select - ▼

In one paragraph, please carefully describe what your health ministry has done regarding the overdose crisis/substance use in the PAST 12 months. If this does not apply to you simply type n/a. *

HIV *

- Select - ▼

In one paragraph, please carefully describe what your health ministry has done regarding HIV in the PAST 12 months. If this does not apply to you simply type n/a. *

Was there a health goal your congregation had in the past year that you were unable to accomplish? What challenges did you face? What would have helped overcome those challenges? *

Goals and Plans - Next 12 Months

Tobacco Prevention and Cessation *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding tobacco cessation and prevention in the NEXT 12 months. If this does not apply to you simply type n/a. *

Healthy Eating *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding healthy eating in the NEXT 12 months. If this does not apply to you simply type n/a. *

Increasing Physical Activity *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding increasing physical activity in the NEXT 12 months. If this does not apply to you simply type n/a. *

Mental Health *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding mental health in the NEXT 12 months. If this does not apply to you simply type n/a. *

Healthy Aging *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding healthy aging in the next 12 months. Healthy aging is the development of physical and spiritual resources that allow for well-being and flourishing in the second chapter of life. Please explain. *

Overdose Crisis *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding the overdose crisis/substance use in the NEXT 12 months. If this does not apply to you simply type n/a. *

HIV *

- Select - ▼

In one paragraph, please carefully describe your health ministry's plans regarding the HIV in the NEXT 12 months. If this does not apply to you simply type n/a. *

Is there an area above that you would like to focus on or expand on that is not a focus at this time? Why or why not? *

Partners in Health and Wholeness History

To improve our congregational relations, please choose one of the following statements as it relates to the support from our PHW team. *

- Select - ▼

If OTHER, please describe:

If you are requesting more support, please tell us specifically what type of support would be most beneficial in the next 12 months. *

How did you hear about PHW? *

How old is your health ministry? *

Wrap Up

Thank you for joining us as a Partner in Health and Wholeness. Is there anything you would like to add that would help us better support your efforts or that you would like us to know?

By submitting this application you are agreeing to the PHW requirements of:

- 1. Maintaining tobacco free buildings on worship grounds**
- 2. Serving healthy food and drink options at congregational activities, events, and meetings**
- 3. Asking Faith Leader to complete the Clergy Commitment**
(<https://www.ncchurches.org/programs/phw/collaborative/clergy-pledge/>)
- 4. Sharing the message of health as a faith issue**
- 5. Integrating at least one church-based activity based on one of the five focus areas of the PHW program: tobacco cessation and prevention, healthy eating, increased physical activity, mental health advocacy and education, or healthy aging.**

I agree * Yes

Constituent Type - Org *

Congregation

2021 PHW Collaborative Application

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PHW Collaborative Application Decision Status

- Approved
- Followup
- Declined

Activity Status

- Scheduled
- Completed

Additional details on health as faith issue

Year Health Ministry Started

PHW Application New or Renewal

- New
- Renewal

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

Math question * 4 + 9 =

Submit