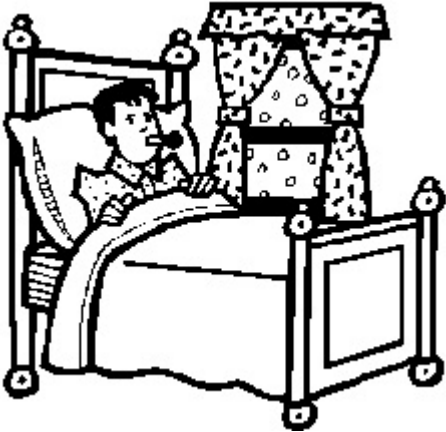


Church Shut-In Visitation Program



On the following pages are the tools for a Pastor or leader within a local congregation to use in developing a “Visitation Committee.” Those who would be “recipients” of the ministry of the group would include shut-ins, hospitalized individuals, and care facility residents.

Such a program within the church helps to insure that all members and friends of the congregation who should receive phone calls, visits and postcards will get them from people who care enough to do it. This type of activity in a local congregation greatly increases the effectiveness of the ministry and outreach of the church.

Visitation Committee — Leader’s Worksheet

Study this outline, filling in your ideas where applicable. Then, just follow the outline in the first meeting with the members of the group, getting their input and adjusting where necessary.

Use the forms for documenting and organizing your activities:

***Privacy Note:** Please be careful to respect the privacy of all the individuals you visit. Never visit in a private home or a care facility or a hospital without the individual’s expressed consent. Be careful to maintain their privacy in filling out these forms and sharing them with others. Also, you must familiarize yourself with and observe all the privacy rules of the institutions in which you minister.*

Regular Visitation Recipient

Use this form to build a notebook of individuals who will receive phone calls, personal visits, or postcards from members of the committee. This will keep all the necessary contact information in one place.

Visitation Report Slip

The committee leader will fill out this slip for each one who is to receive a visit, etc., and give them to the appropriate committee members. They are to be completed by the committee members and returned at the next meeting of the committee to report their activities to the group.

Individual Visitation Record

Blanks of these forms are to be placed behind each of the informational “Regular Visitation Recipient” forms in the notebook. The leader will fill these out using the “Visitation Report Slips” handed in by committee members. From this information, the committee leader can make detailed reports to the Pastor and leadership of the church on who is visiting, who they are visiting, and how often.

Visitation Committee — Leader's Worksheet

A. General

1. **PURPOSE** -- What is the Biblical reason for the Visitation Committee?
2. **OBJECTIVE** -- What are the practical objectives to be accomplished by this group?
3. **DURATION** -- How long will this group plan to exist?

B. Meetings

1. **Monthly/Bi-Monthly?** (Week, Day, Time) – How often and when will the group meet?
2. **Length** – How long will each meeting last?
3. **Meeting notes** – Who will keep the notes of each meeting?
4. **Format** – The following 4 point format is suggested for each group meeting:
 - i. **Devotional.**
 - ii. **Prayer.**
 - iii. **Visitation reports.**
 - iv. **Visitation assignments.**

C. Coordinator – the person who will lead or facilitate the group.

1. **Term of Office** – how long will each Coordinator hold office?
2. **Responsibilities** – The following responsibilities of the Coordinator are suggested:
 - i. **Make monthly reports to pastor or church leadership.**
 - ii. **Recruit members for group.**
 - iii. **Determine who needs visitation on an ongoing basis.**
 - iv. **Maintain records of recipients of visitation.**
 - v. **Prepare meeting agendas.**
 - vi. **Assign visitation responsibilities to caregivers.**

D. Membership

1. **Requirements for participation.**
2. **Length of commitment.**

E. Covenant – each member of the group should be able to commit to the following:

1. **Attend each scheduled meeting.**
2. **Get to know one another better.**
3. **Encourage each other in faith in Christ.**
4. **Mature in Christ by developing the discipline to:**
 - i. **Pray regularly for each other.**
 - ii. **Pray regularly for assigned care facility resident(s).**
 - iii. **Visit, call or write – monthly – assigned care facility resident(s).**

F. Documentation of actions of the committee:

1. **Notes kept for all meetings of the group.**
2. **Monthly visit reports.**
 - i. **Number of visits.**
 - ii. **Hours of visitation.**
 - iii. **Individual residents visited.**
 - iv. **Special needs of residents.**

Regular Visitation Recipient

Beginning Month: _____ Of Year: _____

Recipient's Name: _____

Home Address: _____

Home Phone: _____

Family Contact: _____ Phone: _____

Facility Name: _____

Facility Address: _____

Room Phone: _____

Facility Contact: _____ Phone: _____

Condition: _____

Special Notes: _____

Visitation Report Slip

Name of Person to Visit: _____ Date Assigned: _____

Information:

Action (circle): Call Visit Card

Date of Action: _____ Length of Visit: _____ Hr. _____ Minutes.

Caregiver(s): _____

Comments About Visit:

Copyright © 2004, Christian Concourse Ministries, Inc., 1543 Norcova Ave., Norfolk, VA 23502 Ph.: (757) 714-3133 All rights reserved. Copies permitted for care facility ministry. 1/04

Visitation Report Slip

Name of Person to Visit: _____ Date Assigned: _____

Information:

Action (circle): Call Visit Card

Date of Action: _____ Length of Visit: _____ Hr. _____ Minutes.

Caregiver(s): _____

Comments About Visit:

Copyright © 2010 Christian Concourse Ministries, Inc., 1543 Norcova Ave., Norfolk, VA 23502 Ph.: (757) 714-3133 All rights reserved. Copies permitted for care facility ministry. 05/2010

