

Permission to Share Resources on Our Webpage

Community Health Ministry

Faith Community Information

Faith Community Name _____

Primary Contact Name _____

Primary Email _____ Primary Phone Number _____

Shared Information

This section gives Texas Health Resources Community Health Ministry permission to share your faith community's resources on the Community Health Ministry webpage. Please check the box to indicate information you are allowing the ministry to share.

Support Groups _____
Pertinent Information

Health Fairs _____
Pertinent Information

Ministry _____
Pertinent Information

Faith Event _____
Pertinent Information

Other: _____
Pertinent Information

Add your Facebook Page and/or Website here: _____

By signing this, I understand I am giving permission on behalf of the listed faith community for the faith community's information and resources to be shared on the Texas Health Resources Community Health Ministry webpage. I acknowledge that neither the faith community nor the individual completing this form will be compensated in any way for the publication of the faith community's information and resources on the Texas Health Resources Community Health Ministry webpage.

Signature _____ Date _____

Print Signature _____ Faith Community _____

Connect With Us



Scan, click or type

Take advantage of the opportunity to connect and engage with Texas Health Community Health Ministry by scanning this QR code, clicking on the link below or typing in the URL. All will take you to our webpage.

bit.ly/CommunityHealthMinistry

