

# MINISTER'S PROFESSIONAL CARE NETWORK INVENTORY



A "Professional Care Network" includes the people in your professional circles whom you rely on in times of crises, trauma, or disaster. People with strong relationships in areas listed below tend to report feeling more resilient when facing traumatic stress. These care relationships may include colleagues, community leaders, and first responders. In preparation for the next critical incident you may face, take time now to identify persons with whom you need to introduce yourself or strengthen relationship. Note, the listing below is a guide and you do not need to complete all the lines to achieve a healthy network. To feel supported, strive to build or strengthen relationships with at least 7 out of 11 areas below. Store a copy of this worksheet in a place you easily can access when you need it.

At any time, if you are concerned for your health or well-being, please consult with your primary physician or mental health care provider.

## People to know personally and foster a strong relationship with:

*Include name and phone number on the lines below*

Three trauma-informed individuals or family counselors you trust to refer congregants to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

One or two psychiatrists you trust to refer congregants to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

One to three Spiritual Directors you trust to refer congregants to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

One to three Social Workers you trust to refer to (at least one who is in trusted relationship with the local police department):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## People & contact information to be aware of in case they are needed:

*Include name and phone number on the lines below*

Local Sheriff and / or Police Chief:

\_\_\_\_\_

Local Fire Chief:

\_\_\_\_\_

Local town or city emergency manager(s):

\_\_\_\_\_

Local Office of Emergency Management

*Include name, address, phone, email, and social media handles:*

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

**People & contact information to be aware of in case they are needed:**

*Include name and phone number on the lines below*

Three lawyers you trust to refer congregants to or count on for the congregation's legal needs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Three accountants, CPAs, or financial planners you trust to refer congregants to or count on for the congregation's financial needs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Local VOAD Chair:**

*Include name, address, phone, email, and social media handles:*

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

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