

GAINESVILLE MONTHLY MEETING'S PRACTICE OF RECORDING GIFTS OF MINISTRY

Although Friends' practice of a free ministry is based upon the experience that the gifts of the Holy Spirit may be bestowed upon anyone at any time, a monthly meeting may, upon the advice of its Committee on Worship and Ministry, record as ministers those members who are recognized as having a clear leading to vocal ministry and prayer or counseling of individuals.

This recognition is not one of status or privilege and should be reviewed periodically. It is an affirmation based upon loving trust. The meeting's trust is that individuals so recorded will, in all humility, diligently nurture and exercise the gift of ministry in order that the meeting as a whole may be nourished. The individual's trust is that the meeting will on its part encourage and sustain them, and not only liberate them to undertake the disciplines of prayer and study and retreat that help clarify the springs of ministry, but also lovingly and faithfully counsel them. Such nurture and encouragement and discipline are of special significance for younger members who, out of diffidence or unawareness, may discount their gifts and let them wither.

The gifts of the Spirit are diverse, and Friends' ministry includes pastoral care in settings such as hospitals and prisons. Friends' work in these areas may be especially benefited by the recording as ministers of those so gifted.

Philadelphia Yearly Meeting Faith and Practice, 2002

The Process

Someone who wishes to be recorded as a minister should first write a letter to the clerk of the meeting explaining the nature of the leading and why he or she wishes to be recorded as a minister for that purpose. The clerk should read the letter aloud to those gathered in meeting for business so that everyone is aware of the request and the nature of the leading. The letter is given to worship and ministry.

Worship and ministry (or whatever committee has oversight of the meeting) appoints a clearness committee that will meet with the person making the request. After prayerful deliberation among themselves, the committee makes a recommendation to worship and ministry. Worship and ministry reports its recommendation to the meeting in meeting for business. The meeting then writes the minute to record the minister for a specific purpose to be revisited periodically, stating the time this minute will be reviewed.

A care and accountability committee is then appointed by the meeting to meet periodically with the minister to encourage and sustain him or her and to offer loving counsel. As it deems necessary this committee would report any concerns it may have to worship and ministry.

Advice

It is good to be very clear about what you are doing. Do the same as you would for any other purpose (membership, marriage) and lay over any action as long as is necessary to satisfy all concerns.

The clearness committee should not be restricted by the queries developed for this purpose. The members should consider, “Is this person leading a Quaker life? Do we want this person to represent us? What has been the quality of this person’s ministry among us?” When asking about the family members (see the

following queries), the committee should name specific family members that the committee may be concerned about.

The recorded minister may need a piece of paper certifying that he or she is a recorded minister of the meeting in order to satisfy legal requirements for fulfilling this ministry. The meeting should inquire exactly what is required and provide it to the extent that it is able.

The care and accountability committee needs to provide whatever support is needed and challenge the minister to remain faithful to his or her leadings.

Queries for Prospective Ministers

Leadings

What has led you to seek to be recorded as a minister in the Religious Society of Friends?

Share with us ways in which you have experienced God's presence in making this decision.

How do you understand the difference between helping to do the work of God and just doing a job that needs to be done?

What questions do you have about the role and the source of your ministry?

Quakerism

How would you apply Friends' testimonies of peace, integrity, equality, simplicity, and community to the ministry you envision?

What is your understanding of these phrases used by Friends: "listening to that of God within," "yielding to the Spirit," and "way will open"?

The Ministry

There is a wide spectrum of spiritual experiences, culture, and language among people. How will you be able to respond to this diversity (background, religion, temperament, and interests)?

Can you meet differences of opinion with those you counsel with love, humor, mutual respect, patience, and generosity?

How well do you know the work you are seeking to do?

What special gifts do you have that will help you in this ministry?

How will this ministry benefit you?

What do you expect your ministry to bring to the meeting?

Family

Have you shared your desire to undertake this ministry with your entire family, and have you found unity in this undertaking?

What are the views of your family members towards this ministry?

Have you discussed with your family plans to follow in case there is adverse reaction to your ministry from the wider community?

What are your feelings about the possibility of placing your family in any jeopardy because of your ministry?

Will this ministry have any effect on your ability to earn money, and if so have you made provisions to support your family?

Meeting Support and Accountability

How can the meeting support your continued attempts/effort to walk in the Light, to let God lead you in this work?

Is there a form of oversight and support that you have found helpful and would like to receive from the meeting?

If you have uneasy feelings about your ministry, how would you share these with a support committee?

Do you have the courage to go to a support group for guidance, not only for spiritual renewal but also for burdens this ministry may place upon your family, the meeting, or your professional life?

What do you expect the monthly meeting to do to support your ministry?

Queries for Reflection on the Well-being of the Recorded Minister

1. What kind of experiences have you had?
2. Do you still feel led to do this work?
3. How have you been able to minister to these people (callers)?
4. Have you felt the ministry of this work beyond counseling?
5. Do you have any uneasy feelings about your ministry?
6. Have your expectations changed?
7. Do you feel the support of the meeting?
8. How can the meeting support your continued attempts to let God lead you in this work?

APPENDIX B

GAINESVILLE MONTHLY MEETING'S TESTIMONY OF STEWARDSHIP STEWARDSHIP OF ECONOMIC RESOURCES

All that we have, in our selves and our possessions, are gifts from God, entrusted to us for our responsible use. Jesus reminds us that we must not lay up earthly treasures for ourselves, for where our treasures are, there will our hearts be also. We cannot serve both God and Mammon.

Stewardship is a coming together of our major testimonies. To be good stewards in God's world calls on us to examine and consider the ways in which our testimonies for peace, equality, and simplicity interact to guide our relationships with all life.

O that we who declare against wars, and acknowledge our trust to be in God only, may walk in the light, and thereby examine our foundation and motives in holding great estates! May we look upon our treasures, the furniture of our houses, and our garments, and try whether the seeds of war have nourishment in these our possessions.

John Woolman, c. 1770

In a world of economic interactions far more complex than John Woolman could have imagined, Friends need to examine their decisions about obtaining, holding, and using money and other assets, to see whether they find in them the seeds, not only of wars, but also of self-indulgence, injustice, and ecological disaster. Good stewardship of economic resources consists both in avoidance of those evils and in actions that advance peace, simple living, justice, and a healthy ecosystem. Good stewardship also requires attention to the economic needs of Quaker and other organizations that advance Friends' testimonies.

Right Sharing

Friends worldwide have accepted the idea that the testimony of equality in the economic realm implies a commitment to the right sharing of the world's resources. Friends in comfortable circumstances need to find practical expression of the testimony of simplicity in their earning and spending. They must consider the meaning for their own lives of economic equality and simplicity, and what level of income is consonant with their conclusions. They should consider likewise what portion of that income should be shared beyond the immediate family. That decision entails balancing the social value of self-sufficiency against the social value of greater help for those more needy. It also requires judgments about what expenditures are essential and what are discretionary, and about the values that will underlie discretionary expenditures.

Excerpted from Philadelphia Yearly Meeting

Faith and Practice, 2002, pp. 80-81.

Walk Gently on the Earth

And out of the ground the Lord God made to grow every tree that is pleasant to the sight and good for food. . . . The Lord God took the man and put him in the garden of Eden To till it and keep it. And the Lord God commanded the man, saying, "You may freely eat of every tree of the garden . . ." Then the Lord God said, "It is not good that the man should be alone; I will make him a helper fit for him." So out of the ground the Lord God formed every beast of the field and every bird of the air, and brought them to the man to see what he would call them;

Genesis 2: 9; 15-16; 18-19 (RSV)

For the Lord showed me that . . . I might not eat and drink to make myself wanton but for health, using the creatures in their service, as servants in their places, to the glory of him that hath created them; they being in their covenant, and I being brought up into the covenant, as sanctified by the Word which was in the beginning, by which all things are upheld; wherein is unity with the creation. But people being strangers to the covenant of life with God, they eat and drink to make themselves wanton with the creatures, devouring them upon their own lusts, and living in all filthiness, loving foul ways and devouring the creation; and all this in the world, in the pollutions thereof, without God; and therefore I was to shun all such.

**George Fox, *The Journal of George Fox*,
John L. Nickalls, ed., 1997, p. 2**

We recognize that the well-being of the earth is a fundamental spiritual concern. From the beginning, it was through the wonders of nature that people saw God. How we treat the earth and its creatures is a basic part of our relationship with God. Our planet as a whole, not just the small parts of it in our immediate custody, requires our responsible attention.

As Friends become aware of the interconnectedness of all life on this planet and the devastation caused by neglect of any part of it, we have become more willing to extend our sense of community to encompass all living things. We must now consider whether we should lay aside the belief that we humans are acting stewards of the natural world and instead view human actions as the major threat to the ecosystem.

Friends are indeed called to walk gently on the earth. Wasteful and extravagant consumption is a major cause of destruction of the environment. The right sharing of the world's remaining resources requires that people in underdeveloped nations can have more and that the earth's life-sustaining systems can be restored. The world cannot tolerate indefinitely the present

rate of consumption by technologically developed nations.

Friends are called to become models and patterns of simple living and concern for the earth. Some may find it difficult to change their accustomed lifestyle; others recognize the need and have begun to adopt ways of life which put the least strain on the world's resources of clean air, water, soil, and energy.

A serious threat to the planet is the population explosion and consequent famine, war, and devastation. Called on to make decisions to simplify our lives, we may find that the most difficult to accept will be limiting the number of children we have.

Voluntary simplicity in living and restraint in procreation hold the promise of ecological redemption and spiritual renewal.

**Excerpted from Philadelphia Yearly Meeting
Faith and Practice, 2002, p. 81**

Submitted by Gainesville Monthly Meeting

APPENDIX C

NOMINATIONS TO SERVICE WITHIN SEYM

Clerks and Officers

1. Yearly Meeting Clerk
2. Interim Business Meeting Clerk (serves also as Executive Committee Clerk)
3. Assistant Clerk (serves both YM and IBM Clerks)
4. Recording Clerk (serves both YM and IBM Clerks)
5. Treasurer
6. Membership Recorder
7. Young Friends (Teen) co-Clerks (they select their own clerks)
8. Young Adult Quakers co-Clerks (they select their own clerks)
9. Clerk of Trustees (Trustees select their own clerk)
10. Trustee
11. Trustee
12. Trustee
13. Trustee
14. Trustee

Standing Committee Clerks

15. Archives
16. Committee for Earthcare
17. Committee for Ministry on Racism
18. Faith and Practice
19. Finance
20. Half Yearly Meeting
21. Meeting for Sufferings – currently inactive
22. Nominating
23. Peace and Social Concerns
24. Publications – currently inactive
25. Religious Education – currently inactive
26. Worship and Ministry
27. Yearly Meeting Gathering
28. Youth
29. Website

All Clerks, Officers, and Standing Committee Clerks are members of the Executive Committee. All serve for three-year terms.

APPENDIX D

NOMINATIONS TO THE WIDER QUAKER WORLD

Representatives to Organizations

1. American Friends Service Committee Corporation
(AFSC, Philadelphia) – 2 representatives
2. American Friends Service Committee, Southeast Region
Office (AFSC/SERO) – 2 representatives
3. Friends Committee on National Legislation/William
Penn House (FCNL/William Penn) – up to 5
representatives
4. Friends General Conference (FGC) Central Committee
– 3 representatives
5. Friends for Lesbian, Gay, Bisexual, Transgendered, and
Queer Concerns (FLGBTQC) – 1 representative
6. Friends Peace Teams – 2 representatives
7. Friends World Committee for Consultation, Section of
the Americas (FWCC) – up to 4 representatives
8. Florida Council of Churches – 1 representative
9. Florida IMPACT – 1 representative
10. Palmetto Friends Gathering – up to 3 representatives
11. Quaker Earthcare Witness – 2 representatives
12. Quaker United Nations Office (QUNO)
– 2 correspondents

Observer to Organizations

13. Friends United Meeting (FUM) General Board Observer
– 1 observer

Appointees to Organizations

14. ProNica Board – 3 appointees

Ad Hoc Committees

15. As requested by the Yearly Meeting Clerk or the
Interim Business Meeting Clerk

All serve for three-year terms.

APPENDIX E

SUGGESTED FORM LETTER FOR REQUESTING DUAL MEMBERSHIP

Date

TO [YOUR HOME MEETING] Monthly Meeting of [YOUR HOME YEARLY MEETING] Yearly Meeting:

Because of the special situation in many of our monthly meetings for those Friends who hold primary membership in some other monthly meeting and wish to retain that membership, but who also reside in the South all or part of the year and take an active interest in the life and work of one of our meetings, Southeastern Yearly Meeting recognizes dual membership.

Such Friends are not counted as members in any statistical report, but in every other way are considered as full members as long as they wish the relationship to continue. We welcome them, not only for the added strength they bring to our meetings, but also for the closer ties of fellowship which this association brings with their home meetings.

Southeastern Yearly Meeting welcomes into sojourning membership those Friends who are temporarily within our area and who bring sojourning minutes from their home meetings. However, where the association is on a more regular or permanent basis it seems appropriate to record Friends as dual members under the conditions described above.

[YOUR NAME/S] (have/has) requested membership with us on this basis. Before enrolling (them/his/her), we would like to notify your Meeting of this intended action, and if it meets with your approval, we would appreciate receiving from you a Minute of acknowledgment and approval.

Signed _____

Clerk of (SEYM Meeting Name) Monthly Meeting

Signature(s) of Friend(s) requesting Dual Membership

APPENDIX F

SUGGESTED FORM LETTER FOR CERTIFICATE OF TRANSFER

A member residing in the area of another monthly meeting is encouraged to transfer his or her membership to that monthly meeting. This certificate of transfer is to be used for that purpose.

After the committee of the meeting from which the certificate is to be sent have satisfied themselves as to the condition of the individual(s) to be transferred, they should prepare this certificate of transfer in duplicate and present it to their monthly meeting, one copy to be retained by the clerk. Husband and wife and minor children may be included on one form, but separate certificates must be provided in other cases.

TO [NEW MONTHLY MEETING] Monthly Meeting of the Religious Society of Friends:

Dear Friends,

Our certificate of transfer has been requested on behalf of [TRANSFERRING FRIEND] [TRANSFERRING FAMILY MEMBERS], member(s) of this monthly meeting who now reside(s) within your area. The usual inquiry has been made, and no obstruction appearing we recommend [TRANSFERRING FRIEND] [TRANSFERRING FAMILY MEMBERS] to your care and remain with love your Friends.

Signed on behalf of [MONTHLY MEETING NAME] Monthly Meeting of the Religious Society of Friends, held the [NUMBER OF THE DAY] of the [NUMBER OF THE MONTH], 20XX

Signed _____
Clerk

APPENDIX G

The following form is available in 8.5 x 11 inch downloadable pdf from the seym.org website. It is provided here for your perusal.

MONTHLY MEETING MEMBERSHIP RECORD

Monthly Meeting: _____

Membership No.: _____

Member's full name: _____

Birth Name: _____

Birth Date: _____

Place of Birth: _____

Mother's birth name: _____

Father's birth name: _____

Membership

By birth: _____

By application: _____

By certificate of transfer from: _____ Meeting

Dual membership (2 YMs) with _____ Meeting

and _____ Meeting

Member's current address: _____

Member's former addressees: _____

If Applicable

Spouse or Partner's name: _____

Optional: birth date, place of birth, parent's names

Ceremony date: _____

If separated and/or divorced, date: _____

Deceased: _____

Member's former spouse(s) or partner(s) name(s):

Children (list each child and provide following information.

Name(s), Birth date:(s), Places of birth:

_____ :

Membership(s) held in _____ Meeting

Optional information for contact purposes:

Termination date:

By certificate of transfer to: _____ Monthly Meeting

By resignation: _____

By release: _____

By death _____; location of ashes or burial _____

Information supplied by: _____

PLEASE RETURN THIS DOCUMENT PROMPTLY TO
MONTHLY MEETING RECORDER

APPENDIX H

The following forms are available in 8.5 x 11 inch downloadable pdf from the seym.org website, which is a more useable size. The text and layout of the forms are provided here for your perusal.

Requests to the Monthly Meeting About Incapacity or Death

INTRODUCTION TO DYING, DEATH, AND BEREAVEMENT FORMS

The meeting can offer assistance around the process of death. The individual may ask the meeting for any level of assistance or none at all. It is very difficult for us to face the prospect of our own death so there may be reluctance to fill out these forms even if we would like the meeting to be involved. It is suggested that the meeting periodically bring Friends together to discuss end-of-life issues and to give Friends a chance to ask questions about the forms and to fill out the parts they find useful. The completed forms are retained by the meeting recorder, until such time as they are needed. It may happen that a Friend may not get around to filling out the forms until death is imminent. If a member of the meeting community is dying, it would be appropriate for someone from the meeting to make clear to the dying person what assistance the meeting can provide. The meeting recorder is responsible for having blank copies of these forms available to anyone in the meeting. Forms may also be available for downloading from the Southeastern Yearly Meeting website <www.seym.org>.

It is recommended that Friends prepare a Will, a Living Will, Designation of Health Care Surrogate, a Durable Power of Attorney, and a Living Trust. Such legal documents, of course, are drawn up with regard to the laws of the state the individual lives in. Instructions and sample forms are available at your local Hospice office and at Aging with Dignity, P.O. Box 1661, Tallahassee, Florida 32302-1661, 1-888-594-7437, <www.agingwithdignity.org>. The

Advanced Directives from Aging with Dignity are called Five Wishes.

It would be well for meetings to note that the laws and customs in the end-of-life area are constantly changing. These forms are as good as we can make them now, but changes are bound to occur. Individuals are encouraged to file a Living Will with their primary care doctor and their hospital and verify that the doctor and hospital will follow it.

Legal resources within SEYM are available for those Gay, Lesbian, Bi-sexual, Transgender and Queer persons who face special problems in preparing for their death.

REQUESTS REGARDING MY POSSIBLE INCAPACITY

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

I request _____ Monthly Meeting to do the following things for me if I become incapacitated:

1. To notify these persons of my incapacity.

Yes _____ No _____

If yes, **Attach a List** including: name, address, phone number, e-mail, and relationship.

2. To notify my health care surrogate and the person who has a durable power of attorney for my financial affairs.

Yes _____ No _____

If yes, **Attach a List** including: name, address, phone number, e-mail, function and relationship.

3. I have a Living Will? Yes _____ No _____

If yes, what is the location of the document?

Attach Instructions.

Signature of person

making request: _____

Date _____ Dates reviewed _____

Received for _____ Monthly Meeting. Date: _____

Clerk or Recorder's

Signature: _____ Date: _____

REQUESTS REGARDING MY DEATH

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

I request _____ Monthly Meeting to do the following things for me if I become incapacitated:

1. To notify these persons at the time of my death. Yes _____
No _____
If yes, **Attach a List** including: name, address, phone number, e-mail, and relationship. You may include the executor of your will if you wish.
2. If I have minor children or other dependents and there is no surviving parent or guardian, I ask the meeting to notify those responsible for their care. Yes _____ No _____
If yes, **Attach a List** with the necessary information.
3. To oversee the disposal of my body in the manner I request. Yes _____ No _____
If yes, complete, sign and attach the corresponding form provided in this packet, including your financial arrangements to carry this out.
4. To plan and carry out a memorial meeting for me. Yes _____ No _____
If yes, complete, sign and attach the corresponding form provided in this packet.
5. To provide information, if necessary, for the completion of the Death Certificate. Yes _____ No _____
If yes, complete, sign and attach the corresponding form provided in this packet.
6. I have a Will and a Living Will? Yes _____ No _____
If yes, what is the location of these documents?

Attach Instructions

Signature of person
making request: _____

Date _____ Dates reviewed _____

Received for _____ Monthly Meeting. Date: _____

Clerk or Recorder's

Signature: _____ Date: _____



REQUESTS REGARDING DISPOSAL OF MY BODY

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

I request _____ Monthly Meeting to notify my next of kin/significant other of my wishes for disposal of my body as follows at the time of my death. In the event of no surviving next of kin/significant other, I authorize _____ Monthly Meeting to carry out my wishes and have made financial arrangements to do so. **Attach Instructions.**

1. ☐ Burial ☐ Cremation ☐ Medical Research ☐
Organ Donations ☐ Eye Bank

If you have decided to donate your body to Medical Research, Organ Donations or Eye Bank, please designate a second choice of Burial or Cremation in the event your wishes are unable to be carried out.

2. Do you own a plot for your interment?

Cemetery: _____

City: _____

State: _____

Plot : _____

Location of deed to cemetery plot: _____

3. If your body is to be cremated, what do you wish done with your ashes? Please provide enough detail so that the meeting can carry out your wishes. **Attach Instructions.**

4. If your body is to be given for medical use, who needs to be contacted? **Attach Instructions.**

5. Member of a Memorial Society: Yes _____ No _____

Name: _____

Address: _____

Phone: _____

6. Undertaker preferred: _____

Phone: _____

7. Burial insurance company: _____

Policy number: _____

Location of Policy: _____

If no insurance, expenses are to be met as follows:

Attach Instructions.

8. Special instructions if death is distant from home:
Attach Instructions.

Signature of person
making request: _____

Date _____ Dates reviewed _____

Received for _____ Monthly Meeting. Date: _____

Clerk or Recorder's

Signature: _____ Date: _____



REQUESTS REGARDING MY MEMORIAL MEETING

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

Unless otherwise specified the usual practice would be a memorial meeting for worship as described in the *Faith and Practice* in the Dying, Death, and Bereavement Section. Please indicate any specific requests.

Special requests: _____

Flowers accepted? Yes _____ No _____

Where? _____

In lieu of flowers, contributions may be made to: _____

Do you wish the meeting to put an
obituary in the paper? Yes _____ No _____

(Funeral homes will provide a simple notice without extra cost and
might submit your obituary for you at the newspaper's rate.)

Do you have an obituary you wish
the meeting to use? Yes _____ No _____

Please attach the obituary or information about your life.

Signature of person
making request: _____

Date _____ Dates reviewed _____

Received for _____ Monthly Meeting. Date: _____

Clerk or Recorder's

Signature: _____ Date: _____



INFORMATION FORM FOR DEATH CERTIFICATE

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

**ONLY FILL THIS FORM OUT IF YOU ARE ASKING THE
MEETING TO FILE YOUR DEATH CERTIFICATE**
Information must agree with legal records and policies

Full legal name: _____

Other names on legal documents : _____

Address : _____

County you live in: _____

Social Security Number: _____

Date of Birth: _____

Birthplace: _____

Citizenship: _____

Present Employer: _____

Occupation: _____

Kind of business or industry: _____

Marital Status: _____

Surviving Spouse (Partner): _____

Address of surviving
spouse (partner): _____

Education:

_____ 10 – 12, _____ college 1 – 4, _____ college 5 + _____

Race: _____

Father's full name:: _____

Mother's full name
including maiden name: _____

Surviving children: _____

Addresses of surviving children:

Signature of person
making request: _____

Date _____ Dates reviewed _____

Received for _____ Monthly Meeting. Date: _____

Clerk or Recorder's
Signature: _____ Date: _____



FORMS FOR MY LIVING WILL

Name: _____ Date: _____

Address: _____

Phone: _____

E-mail: _____

Included are sample forms for a Living Will and a Designation of Health Care Surrogate, circa 2003. Friends are urged to find current forms applicable to your situation.

Definitions useful in understanding Living Will and Designation of Health Care Surrogate forms.

“Health care decision” means:

- Informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures.

- The decision to apply for private, public, government, or veterans' benefits to defray the cost of health care.
- The right of access to all records of the principal that are reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits.
- The decision to make an anatomical gift pursuant to Part X of Chapter 732, Florida Statutes, or the corresponding statutes in other states.

“Incapacity” or “incompetent” means the patient is physically or mentally unable to communicate a willful and knowing health care decision. For the purposes of making an anatomical gift, the term also includes a patient who is deceased.

“Life-prolonging procedure” means any medical procedure, treatment, antibiotics or intervention, including artificially provided sustenance and hydration, or other which sustains, restores, or supplants a spontaneous vital function. The term does not include the administration of medication or performance of a medical procedure, when such medication or procedure is deemed necessary to provide comfort care or to alleviate pain.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

“End-stage condition” means a condition caused by injury, disease, or illness which has resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is:

- A. the absence of voluntary action or cognitive behavior or any kind; or
- B. an inability to communicate or interact purposefully with the environment.

Legal resources within SEYM are available for those Gay, Lesbian, Bi-sexual, Transgender and Queer persons who face special problems in preparing for their death.

SAMPLE: LIVING WILL

Declaration made this ____ day of _____, 20__

I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated

And (initial one or more of the following three conditions)

- _____ (initial) I have a terminal condition
- or _____ (initial) I have an end-stage condition
- or _____ (initial) I am in a persistent vegetative state

And if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____

Address: _____

Phone: _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

Signed: _____

Date: _____

Witnesses' signature, address, and phone number:

1. _____

2. _____

SAMPLE: DESIGNATION OF HEALTH CARE SURROGATE

Name: (Last)_____ (First)_____ (I.)__

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name:: _____

Address: _____

Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name: _____

Address: _____

Phone: _____

I fully understand that this designation will permit my designee to make health care decisions, except for anatomical gifts, unless I have executed an anatomical gift declaration pursuant to law, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name: _____

Name: _____

Name: _____

Signed: _____

Date: _____

Witnesses' signature, address, and phone number:

1. _____

2. _____

APPENDIX I

RECOMMENDED READING REFERENCE LIST

All Titles used as references in this list have been rated by Five or more professional Quaker librarians as to their suitability for each level of Quaker experience.

A Friendly Reading List, 2nd Edition

TOP PICKS

Compiled by Phoebe Andersen and Sally Rickerman

Published by Troll Press, 2011

Used with permission of the authors

PUBLICATIONS OF INTEREST TO FIRST-TIME AND NEW ATTENDERS

BIOGRAPHY

Bacon, Margaret Hope. *Valiant Friend: The Life of Lucretia Mott*.

Rose, June. *Elizabeth Fry: A Biography*.

CONCERNS AND PRACTICE

Cox, Fabianson, Farley & Swennerfelt. *Earthcare for Friends: A Study Guide for Individuals and Faith Communities*. Quaker Earth Witness, 2004, 254 PP. Spiral Bound.

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Gee, David. *Faithful Deeds: A Rough Guide to the Quaker Peace Testimony*.

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