



APPLICATION FORM



P.O. Box 7030 Indianapolis, IN 46207
Toll Free: (800) 274-1883 Fax: (317) 635-6534
Email: newbeginnings@hopepmt.org

Please check one:
 Individual
 Cluster

This is to advise you that at a meeting of the Official Board of:

Congregation Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ethnicity: C AF-A H AS-A O

It was voted to request the New Beginnings Assessment Service of Hope Partnership. We agree to pay the fee of \$_____ for this service which **will be invoiced at the time of the assessment.**

Moderator/ Authorized Signature: _____ Date: _____

A church's decision to cancel or postpone the service after submitting this request may result in a \$250 cancellation charge if travel reservations have already been purchased. If cancellation occurs after assessment is rendered the congregation will be responsible for the expenses incurred.

Setting up the Assessment:

Assessments run from 3:00-9:00PM. They require interviews with property chair, financial officers, Pastor and President. That evening at 7:00 PM is an appreciative inquiry session for anyone in the congregation. **Date must be at least 6 weeks from the date of application.** (Please give a 2 week window during week days)

We would like to request the assessment be done the weeks of: _____

Setting up the Leadership Training:

Training will be done on mutually acceptable dates. Day One (Friday -6:00-9:00PM) is open to the entire congregation. Day 2 (Saturday -8:30 AM-4:00PM) is for house meeting facilitators. **Date must be at least 5 weeks from assessment date.** (Please give a 2 week window)

We would like to schedule our Leadership Training for the weeks of _____

Congregational Contact Person: _____

Office use only:

Date received: _____ Invoice request: _____
Assessor: _____ Facilitator: _____
Assessment Date: _____ Leadership Training: _____



APPLICATION FORM



Pastor information:

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who will be your congregation's primary contact person regarding this service?

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who should we contact regarding your participants profile? (Addresses, gender, tenure etc.)

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Treasurer Information:

Name: _____ Phone Number: _____

Email: _____ Phone Number: _____

Additional Contacts :

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Contact responsible for coordinating the House meetings:

Name: _____

Email: _____ Phone Number: _____

****This contact will be responsible for distributing the house meeting guides to the chosen house leaders.***

Regional Minister: _____



APPLICATION FORM



Must be turned in prior to assessment QUESTIONAIRE

Questions: In order to serve you well in our assignments, we ask that your clergy leader submit answers to these questions. This may be separate from the Application, but must be completed before the assessment date.

1. Briefly describe your congregation's history.

2. Describe the challenges the church is currently facing that you hope the New Beginnings process will address.

3. What is the one thing you appreciate most about this congregation?

4. How did the congregation discover New Beginnings?
