



## APPLICATION FORM (Single Application)



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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

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### Let's set up the Assessment

Assessments run from 3:00 p.m. - 9:00 p.m. They require interviews with property chair, financial officers, pastor & president. That evening at 7:00 p.m. 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.)

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

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### Let's set up the Leadership Training

Training will be done on mutually acceptable dates. Day 1 (6:00 p.m. - 9:00 p.m.) is open to the entire congregation. Day 2 (8:30 a.m. - 4:00 p.m.) 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: \_\_\_\_\_



**Contact Information:**



**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: \_\_\_\_\_ Position at Church: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Contacts:**

Name: \_\_\_\_\_ Position at Church: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position at Church: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# APPLICATION FORM



## Must be turned in prior to assessment QUESTIONNAIRE

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.

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

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

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4. How did the congregation discover New Beginnings?

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