



# APPLICATION FORM

(Cluster Application)

ATT: Chris Davies  
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CONFERENCE NAME: \_\_\_\_\_

APPLICATION DUE DATE: \_\_\_\_\_

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: \_\_\_\_\_

*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.*

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### **Let's set up the Assessment**

Assessments run from 3:00-9:00pm. They require interviews with property chair, financial officers, Pastor & President. That evening at 7:00 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 One (6:00-9:00 PM) is open to the entire congregation. Day Two (8:30AM-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 \_\_\_\_\_



## 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: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 the assessment



Congregation Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## QUESTIONARIE

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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