



**Office of Formation and Leadership Development
2017 GROUP APPLICATION TO PARTICIPATE IN
A CLERGY COMMUNITY OF PRACTICE**

PRIMARY CONTACT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Country:

Preferred Phone:

Type:

Email Address:

GROUP APPLICANT INFORMATION

The following 6-8 members are applying as one full- or partially-formed group. The entire group will be reviewed together. The same 6-8 members must commit throughout the process.

#1 is Primary Applicant Above

<u>Name</u>	<u>Email</u>	<u>Location</u>
-------------	--------------	-----------------

Person 2

Person 3

Person 4

Person 5

Person 6

Person 7

Person 8

*Note: Each group in our initial grant round will consist of 6-8 people, including the facilitator.

Please indicate your answer to the following question:

We are willing to have others assigned to our group until we reach the maximum capacity of 8.

We only want the people named on this list to be a part of our group, and if others are to be added, we want the option of soliciting member(s) on our own.

If we are not approved as a group, we would like to be considered as individuals for other groups. Please let us know if there are qualifications to this answer:

If we are not approved as a group, we would like to be on a waiting list (as a group) for any cancellations or vacancies that occur in 2017.

GROUP ESSAY

Please tell us why you want this particular group wants to form, what you hope your focus will be, and how you think it will benefit your collective and individual personal/ministry growth.

FACILITATOR INFORMATION

Check all that apply:

We have already identified a facilitator for our group (please submit an individual application with the facilitator's personal details). The facilitator will be:

We will elect a facilitator from within our group and work with the OFLD to ensure that person completes the requisite training.

We agree that we are willing to have OFLD appoint a facilitator (who will become another member of our group) to facilitate us.

We would like to consult with you about facilitation options.

ADDITIONAL INFORMATION AND VERIFICATION

We are **ALL** willing to **commit to meeting the covenant obligations**, including those around attendance and quality of presence, as they are agreed upon by my group.

We **ALL** have the **technological capability** to join a virtual group, including high-speed internet access, a suitable computer/device, a webcam, and audio equipment that will allow each person to fully participate in an MCC clergy community of practice.

Is there any other information you'd like to tell us about your interests and/or limitations in forming as group of MCC Clergy?

Please return this form to:

Metropolitan Community Churches, Office of Formation and Leadership Development
PO Box 50488
Sarasota, FL 34232
or electronically as a PDF (preferred) to OFLD@MCCChurch.net

FOR OFFICE USE ONLY

This application has been approved.

Yes

No

Additional Comments, including details of group assignments: