



P. O Box 7030
Indianapolis, IN 46207



Request for Mission Pathways Service

Congregation Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: () _____

Pastors Name: _____

Pastors Signature _____ Date: _____

* For costs, see fee schedule or call Hope Partnership

Our church would like to participate in Missions Pathways. We understand that our fee for participation is \$2,800. We also understand there is a \$250 cancelation fee should we decide not to proceed. Once the application is received we will be given the leadership guide, access to the website will not be granted until payment is received by Hope.

Facilitator: The church will appoint a facilitator who will guide your Mission Pathways team. This person may be the pastor or lay leader. Someone who is “tech-savvy” would be helpful since most of the resources are online in our Basecamp. That person will have access to our facilitator for questions related to the process. They will establish a meeting date, technology. As well as secure the retreat setting and negotiate dates with Hope. They will keep the team engaged, monitor homework, and basically usher the process. They will also provide feedback forms between each session.

Facilitator Contact Information:

Name: _____ Cell: _____

Email: _____

Proposed dates: (Hope may ask you to adjust dates)

Modules generally last 90 minutes. The retreat is a full 8 hours. We suggest 2 week intervals for module and retreat since there is homework between sessions. (About 2 events per month)

Module 1: _____ Module 2: _____

Module 3: _____ Requested retreat date: _____

Module 4: _____ Module 5: _____ (Coaching start date)

Thank you!

Please email this application to: rmorse@hopepmt.org and mdefields@churchextensionfmr.org