

THE
Episcopal
CHURCH



**Black
Ministries**

NEW VISIONS INITIATIVE
Participation Enrollment

Name and address of community of faith:

Name and contact information for clergy:

Length of time in position:

Average Sunday attendance for past five years:

Parochial reports for past five years:

Fiscal records (budget, stewardship) for past five years:



NEW VISIONS INITIATIVE

Participation Enrollment

Mission Statement:

Strategic Plan (if available):

Why is your church interested in participating in New Visions?

In which congregational development programs has your church participated?

Please provide a narrative history of the church, including conflicts, major changes, and clergy history

Leadership cycle for vestry members and other lay leaders

Signatures:

CLERGY	VESTRY MEMBERS	BISHOP
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