



Missional Leader Cohort

PERSONAL INFORMAT	ION	
LAST NAME:		FIRST NAME:
STREET ADDRESS:		
CITY:		
STATE:	Z	IP CODE:
EMAIL ADDRESS:	P	PHONE NUMBER:
Application		
Are you involved in a chi	urch YES	NO
NAME OF CHURCH:		
STREET ADDRESS:		
CITY:		
STATE:		ZIP CODE:
WHAT AREAS OF MINIS		
Pastor	Counseling	Church Planting
Preaching	Ministry Admin	Urban Ministry
Youth and Child Min	Ministry with Marginalized	Denominational Leadership
Academic	Non Profit	Non Ministry

Related Work

Ministry

What books have influenced you in regards to the missional church?

How do you live out the mission of God in your daily life?

What two or three reasons do you see the Church not living up to its calling?

What excites you about the missional movement? What is your mission growth edge?

What interests you in this opportunity?

