



## APPLICATION FOR PARTICIPATION

NAME:

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HOME ADDRESS:

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CHURCH OR MINISTRY NAME:

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CHURCH OR MINISTRY ADDRESS:

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PHONE:

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E-MAIL:

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Describe the mission and purpose of your church or ministry. What are your responsibilities and how does your work accomplish that mission and purpose? You may include with your application any publications that may help the selection committee understand your ministry.

Who are the other members of the Youth Ministry team in your church or ministry which are also applying for participation in the program?

NAME:

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POSITION OR TITLE:

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PHONE:

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E-MAIL:

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YOUR PRESENT CHURCH OR MINISTRY POSITION TITLE:

NUMBER OF YEARS IN YOUR PRESENT POSITION:

APPROXIMATE NUMBERS OF HOURS YOU DEVOTE TO YOUTH MINISTRY PER WEEK:

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Please describe other positions you have held that served the needs of Latino youth, youth in general either paid or volunteer. What were you responsible for and how long did you serve in each position?

**PLEASE WRITE A ONE PARAGRAPH RESPONSE TO THE FOLLOWING QUESTIONS.**

Who is the primary audience for the services provided by you or your church or ministry? Consider such things as age, gender, ethnic group, geographic location, common needs, etc.

If you feel frustrated and need someone to help you define an issue, develop a plan, or just encourage you, who or where do you go? How has this relationship contributed to a change in how you do your work?

Describe activities in which you participate in your local church or ministry.

Describe how you help youth to make significant life changes. How do you define successful outcomes?

Describe the process by which your church, ministry or program develops a plan and/or budget.

Participation in the Barrio Youth Initiative requires one to five days per month. What steps would you take to make yourself available without negatively impacting your family or spiritual health?

**PLEASE WRITE A ONE PAGE RESPONSE TO THE FOLLOWING QUESTION.**

How will your participation benefit you and your work with Latino youth? (See the enclosed brochure for information.) Please address what unique needs will be met and what you hope to achieve as a result of your participation. What challenges will you have to overcome in order to participate and implement your learning and how do you plan to overcome them?

**PLEASE WRITE A MULTI PARAGRAPH RESPONSE TO THE FOLLOWING QUESTION.**

Describe your philosophy and practice of integrating your faith into your daily work with youth.

**Please rate your skills as addressed in the following questions. Space is provided after each question to note particular strengths or challenges. If any questions are not applicable to your experience, please note.**

You want to initiate a new idea or program in your ministry. How open is the leadership in your church or ministry to different ways of doing things? Leadership may be defined as your Pastor, supervisor, board, or others significant to your ministry.

VERY OPEN	1	2	3	4	5	NEEDS IMPROVEMENT
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How effective are you at utilizing the time and talents of volunteers? Consider things like recruitment, meaningful placement, turnover, and total number of volunteers.

SKILLED	1	2	3	4	5	NEEDS IMPROVEMENT
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Rate your experience and expertise with financial management, both personally and within your organization (such as budgeting or developing a business plan.)

SKILLED	1	2	3	4	5	NEEDS IMPROVEMENT
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Rate your ability as a leader at promoting your vision, communicating your mission and describing your program's effectiveness to your supporters and to the general community.

SKILLED	1	2	3	4	5	NEEDS IMPROVEMENT
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Rate your experience and effectiveness at fund-raising.

SKILLED	1	2	3	4	5	NEEDS IMPROVEMENT
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Rate your experience and effectiveness at evaluating the outcomes of your ministry activities.

SKILLED	1	2	3	4	5	NEEDS IMPROVEMENT
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Who are you accountable to for your ministry or youth programs? Pastor, Supervisor, Board, etc.

(This person will be required to attend an orientation about the DeVos Training if you are selected.)

NAME:

RELATIONSHIP:

PHONE:

EMAIL:

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Name of church or ministry where you are a member or are personally involved on a regular basis:

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Please list two references:

Pastor who can comment on personal character, integrity, and values and...

Someone from your church or ministry who can comment on motivation, work performance, potential for growth, and desire to change.

NAME:

RELATIONSHIP:

ADDRESS:

PHONE:

EMAIL:

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NAME:

RELATIONSHIP:

ADDRESS:

PHONE:

EMAIL:

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*I voluntarily give authorization for a thorough investigation of all statements and references on this application and of my employment or related activities. I release from all liability and responsibility all persons and employers requesting or supplying such information and waive any right to notice of such disclosure.*

YOUR NAME:

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I have reviewed the participation requirements for the DeVos Urban Leadership Initiative. I have the support and encouragement of my family and my church or ministry to participate in this program.