**2020 Vitality II Registration**

Thank you for applying to Vitality II. All areas of the application, including all the signatures are required to be processed. Churches will be notified of their acceptance. Address all questions to Rev. Gina Yeske (Coordinator of Team Vital) at [gyeske@gnjumc.org](mailto:gyeske@gnjumc.org). Submit the following application to your Regional Administrator and copy Cristel Ramirez, [cramirez@gnjumc.org](mailto:cramirez@gnjumc.org) .

To input your information, click on the dark gray areas within the highlighted areas and begin typing. Please complete all gray highlighted areas. Responses must fit in the box and space provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Church Name/Names: |  | **Church 4 digit #** |  |
| Church Address: |  | District: |  |
| Senior Pastor: |  | Email: |  |
| Church Council Chair: |  | Email: |  |
| Vitality II Leader (laity): |  | Email: |  |

**Season of Team Vital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach your Team Vital Action Plan.**

**Please share 3 areas of growth your church has experienced since you engaged in Team Vital.**

1)

2)

3)

**Please identify 3 areas where you are seeking to address challenges in your ministry, so that you may grow a more vital congregation.**

1)

2)

3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To obtain your church’s statistics go to: ezra.gcfa.org using the username and password assigned to you. If you need assistance, contact your district superintendent. | | | | |
|  | 2016 | 2017 | 2018 |  |
| **Worship** |  |  |  |
| **Small Groups** |  |  |  |
| **Serving in Mission**  **Professions of Faith** | | | | |

**Please list the names of Vitality II Team members and their email: Team Members are committed to the process which includes 4 training sessions at the Mission Resource Center in Neptune, NJ as well as meeting regularly throughout the process.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Email:** |  |
| Name: |  | **Email:** |  |
| Name: |  | **Email:** |  |
| Name: |  | **Email:** |  |
| Name: |  | **Email:** |  |

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| **A. Agreement of the pastor**  **As the Pastor of**       **United Methodist Church, I am aware of the requirements of Vitality II I am willing and able to commit my time and effort to the program and will do all I can to support and encourage the congregation throughout this process.** |
| |  |  | | --- | --- | | Pastor |  | | Date of Submission: |  | |
| **B. Agreement of the Team Vital Leader**  **As the Vitality II Leader of**       **United Methodist Church, I am aware of the requirements of Team Vital. I am willing and able to commit my time and effort to the program and will do all I can to support and encourage the congregation throughout this process.**   |  |  | | --- | --- | | Vitality II Leader |  | | Date of Submission: |  | |
| **D. Recommendation by District Superintendent** (Please note you are recommending both the pastor and the church for this program).   |  |  | | --- | --- | | District Superintendent |  | | Date of Submission |  | |