

CYMT Partner Ministry Application Registration (INITIAL FORM)

Partner Church or Partner Ministry - Organizational Name*

What type of ministry are you?*

- Church
- Community Development Non-Profit
- Camp

Denominational Affiliation (if applicable)

Your Church or Ministry Website*

Application Submitter's Name*

Please provide the name of the person primarily responsible for submitting the information on this form. We will contact this person if we have questions.

Application Submitter's Title*

Application Submitter's Email*

Please provide the email of the person primarily responsible for submitting the information on this form.

Application Submitter's Phone Number*

Please provide a phone number where we could contact person primarily responsible for submitting the information on this form.

Youth Director's Supervisor's Information (if different from Pastor)

Supervisor's Name

Supervisor's Title

Supervisor's Phone

Supervisor's Email

This is just a preview and cannot be used as an official application. To apply, visit: <https://www.cymt.org/partner-ministry/>

Are you applying as a Professional Education only Church/Ministry? For more information on Professional Education Residents: <https://www.cymt.org/graduate-residency/#program>*

yes

no

Are you in need of a bilingual Youth or Children's Minister?*

no

yes

You've reached the end of our Ministry Partner Application Registration. Upon completion of this form, within 1-2 business days, we will send you an Interest Form to accompany your Registration. Note, you MUST complete the Interest form before we can proceed. Please complete it ASAP.

Questions? Email tiffany@cymt.org.

Which start date are you interested in?

- Summer/Fall
- January

How did you hear about the CYMT Partner Ministry Program?

CYMT Partner Ministry - Interest Form (SECOND FORM)

MEMBERSHIP DATA

Are you interested in hiring for a Children's Minister, Youth Minister, or combo position?

- Children's Ministry
- Youth Ministry
- Combo position

Average Worship Attendance *

Church Membership*

Median Age of Congregation- Write N/A if nonprofit*

Youth or Children's Membership*

Active Youth or Children's Membership*

Youth/Children Membership - 6th Grade/0-4 for Children's Ministry*

Youth/Children Membership - 7th Grade/Kindergarten for Children's Ministry*

Youth/Children Membership - 8th Grade/Elementary for Children's Ministry*

Youth Membership - Middle School and High School*

List all Church-Sponsored Activities for Youth or Children:*

Please describe the meeting places currently available for youth and/or children:*

What types of transportation are available for youth and/or children?*

Please describe the current involvement level of Church/nonprofit staff members in existing youth or children's programs:*

Please list the current members of the Youth Ministry or Children's Ministry Team or Council:*

Does your Church/camp/nonprofit have a child protection policy already in place?*

MINISTRY LOCATION

If driving, is your Church/camp/nonprofit closer to Austin, TX or to Nashville, TN?*

- Austin, TX
- Nashville, TN
- it's about the same

What is the approximate driving distance in miles from your Church/camp/nonprofit to Austin, TX or to Nashville, TN (whichever is closer)?*

If flying, is your Church/camp/nonprofit more convenient to fly to AUS (Austi-Bergstrom International Airport) or to BNA (Nashville International Airport)?

- AUS
- BNA
- it's about the same

BUDGET INFORMATION

Total Church/camp/nonprofit Budget:*

\$ USD

Total Budget Available for Youth or Children's Programs: *
\$ USD

CHURCH/CAMP/NONPROFIT CONTEXT AND HISTORY

Please describe your Church/Camp/Nonprofit context and culture including theological perspective, worship style, and socioeconomic and ethnic makeup: *

Please share the recent Church/Camp/Nonprofit, Youth, and Children's Ministry history and any current congregational challenges: *

Please share the recent Youth or Children's Ministry staffing history: *

CYMT Partner Ministry - Formal Camp or Non-Profit Application (THIRD FORM)

Please provide the names and contact information of 8 people whom you would like to complete an online Ministry Context Survey.

Please contact these people in advance and confirm their willingness to complete the survey (which will take them approximately 30 minutes). After submitting your form, CYMT will contact these people via email with the survey link.

- Director or CEO
- Onsite Supervisor (if not the Director or CEO)
- Board Chair
- 1 board member (not the chair)
- 1 donor
- 1 youth participant (past or current)
- 1 volunteer
- 1 Parent of a youth participant (past or current)

Director or CEO - name: *

Director or CEO - email: *

Director or CEO - phone number: *

Onsite Supervisor (if different from the Pastor) - name:

Onsite Supervisor (if different from the Pastor) email:

Onsite Supervisor (if different from the Pastor) - phone number:

Board Chair - name:*

Board Chair - email:*

Board Chair - phone number:*

Board member (not the chair) - name:*

Board member (not the chair) - email:*

Board member (not the chair) - phone number:*

Donor - name:*

Donor - email:*

Donor - phone number:*

Youth Participant - name: (Write N/A if you are looking for a Children's Minister)*

Youth Participant email: *

Youth Participant - phone number: *

Volunteer - name:*

Volunteer - email:*

Volunteer - phone number:*

Parent of Youth Participant - name:*

Parent of Youth Participant - email:*

Parent of Youth Participant - phone number:*

UPLOAD Ministry Budget*

UPLOAD Child Protection Policy

Who is your ministry's billing contact? (Name and email address of Finance Director/Chair)

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CYMT Partner Ministry - Liability Policy Upload (FOURTH FORM)

Proof that CYMT has been added as an additionally insured entity to your General Liability Policy

UPLOAD