



APPLICATION for ASSOCIATION (By Individuals and Ministries)

Introduction — This form can be completed by Christian visionaries who desire to develop or facilitate ministries or who already direct or facilitate ministries. All applicants must complete the APPLICANT INFORMATION portion of this application. Applicants who desire to facilitate ministries should also complete as much of the MINISTRY INFORMATION portion of this application as possible. Applicants who already facilitate ministries should complete the entire APPLICANT INFORMATION and MINISTRY INFORMATION portions of this application.

APPLICANT INFORMATION

Please print clearly.

Name: _____
E-mail Address: _____
Home Address: _____
Day Phone: _____ Evening Phone: _____ Fax: _____
City/State/Postal Code/Country: _____
Citizen of: _____

My Social Security Number _____ or USA Tax Number _____
(if residing in USA, and hoping to receive funds through CVI)

My resident visa or green card number and expiration date (if residing in USA, but not a citizen of USA):

Kind of Card and Number: _____
Expiration Date: _____

Languages that I:

Speak well: _____
Write well: _____

My vision for community transformation ministry is:

CVI should send donor funds (checks) for my services:

Payable to my name Yes No, please use the ministry name given in the
MINISTRY INFORMATION section below.

To the above address: Yes No, please use address directly below
Address/City/State/Zip_____

The CVI Associate who knows me best: _____

At www.cvi2.org, on CVI's flyer 'Associating with CVI' or elsewhere, I have read and affirm CVI's:

Mandate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Definition of Associates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Values	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefits to Associates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirements of Associates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mission	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Desired outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Focus	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Style	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Faith	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I want to become an associate of CVI for these reasons:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand that associating with CVI means I will become an independent contractor to CVI: Yes No

At www.cvi2.org or elsewhere, I have read and understand:

The Oregon State definition of an independent contractor: Yes No

Statement of Relations Between CVI Directors and Associates: Yes No

I understand that CVI asks of me (to the best of my ability), and shall attach to this application, the following:

A one-time 'Associate Set-up Fee (*) Yes (payable to Community Vision International)

A brief biography (up to one page) of my life Yes

Picture of me (or shall e-mail a digital picture) Yes

My resume Yes

A signed copy of the form: Indemnification of CVI Yes

Key ministry goals for the current year Yes

Note: Ministry goals become your service contract with CVI, and must be provided to CVI early each year.

(*) US\$100 single, \$150 married. After one year of active association, \$75 single (\$100 married), may be applied to a CVI2-approved project of my choice.

I need help:

To focus my life Yes No

To launch my ministry Yes No

MINISTRY INFORMATION

Ministry Name: _____
 Web Address: _____
 Ministry Address: _____
 Phone: _____ Fax: _____
 City/State/Postal Code/Country: _____ Email: _____
 Number of months/years ministry has been in existence: _____

Is your ministry name registered with a USA state? Yes No

If yes, which state: _____

If yes, what kind of registration: _____

Does your ministry hold a non-profit status? Yes, taxable status Yes, tax-exempt status
 In process No plans to apply Someday maybe

Which of the following does your ministry have?

Written mandate	<input type="checkbox"/> Yes	If yes, please attach a copy.
Values statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Mission statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Long-term vision statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Short-term vision statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Style statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Defined audience (focus)	<input type="checkbox"/> Yes	If yes, please attach a copy.
Audience needs statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Activities/strategy statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Faith statement	<input type="checkbox"/> Yes	If yes, please attach a copy.
Written description	<input type="checkbox"/> Yes	If yes, please attach a copy.
Written goals	<input type="checkbox"/> Yes	If yes, please attach a copy.
Written objectives (tasks)	<input type="checkbox"/> Yes	If yes, please attach a copy.
Written budget	<input type="checkbox"/> Yes	If yes, please attach a copy.
Advisers	<input type="checkbox"/> Yes	If yes, please attach a list of their names.

I need help:

To focus my ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To improve my ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To multiply my ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Raising funds for my ministry	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other ways that CVI might help your ministry? _____

In-kind Contributors

If possible, please provide the names of people who are or will be volunteering time to your ministry, their roles with your ministry and the hours per year that they contribute, and your costs associated with their contribution (CVI may be required to report this information to government or foundation authorities):

NAME	ROLE WITH MINISTRY	HOURS CONTRIBUTED PER YEAR	ASSOCIATED COSTS

APPLICANT COMMITMENT

I hereby express my desire to become a CVI associate. I understand that my acceptance is based upon the information contained in this application and any information made available through this application. I give permission to Community Vision International to investigate any and all statements within this application. I understand that misrepresentation or omission of requested facts may be cause for denial of association with CVI (All information on this application will be kept in strict confidence).

Signed: _____ Date: _____

Mailing Instructions

Each person who applies to associate with CVI should mail a completed copy of this form and all attachments to:

Community Vision International
 Post Office Box 33286
 Portland, OR 97292
 USA