



Congregational Covenant

Church Name: _____

(Please Print)

Church City: _____

Participant's Name: _____

- ❖ We understand that our pastor is first a person on a spiritual journey.
- ❖ We understand that a congregation/pastor relationship is based on mutual trust, support & nurture.
- ❖ We understand that healthy pastors sustain healthy congregations, and healthy congregations help to sustain healthy communities.
- ❖ We understand that healthy pastors need to be encouraged to take regular time off with family, annual vacation time, and to have an equitable sabbatical plan.
- ❖ We understand that if our pastor is going to participate in the SHAPE Indiana program, it will require a certain level of prayer support and require a certain level of financial support.
- ❖ We understand that participation in the SHAPE program may require additional time away and commit to release our pastor for this time.
- ❖ We are aware of our pastor's covenant with SHAPE Indiana and support this covenant statement.
- ❖ We commit to provide financial resources.
- ❖ We commit to prayer and encouragement to our pastor on this journey.
- ❖ We understand that this will require time away that will be determined in a mutual process involving the pastor, the church, and SHAPE Indiana.
- ❖ We understand that participation in the SHAPE Indiana program will include such things as:
 - Strengthening the pastor's spiritual, physical, and emotional self for further excellent pastoral ministry
 - Entering into mentor/mentoree relationships with other pastors.
 - Furthering their understanding of the Bible, theology, church growth, spiritual formation, and ministry development.
 - Articulating a vision for excellent pastoral leadership.
 - Developing a pastoral life plan for current and future ministry; and
 - Participating in an assets-building model for effective ministry.

❖ We understand that in order for our pastor to participate in the SHAPE Indiana program, our congregation will commit \$_____ per year for a minimum of three years.

- Under 100 members - \$100.00
- 101 – 200 members - \$150.00
- 201 – 400 members - \$200.00
- 400+ members - \$250.00

❖ We understand that the congregation may be asked by SHAPE Indiana to participate in research gathering and assessment of our local congregation.

Therefore,

We covenant to support, encourage, and hold accountable our pastor as he/she participates in the SHAPE Indiana program.

Signed: _____ Date: _____
Congregational Representative

Print Name: _____ Date: _____

Please return completed form to: SHAPE
Indiana Ministries
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Fishers, IN 46037
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SHAPE@indianaministries.org