

## **Covenant for Residents and GHE**

---

Greenhouse Environments are intentional environments that catalyze the holistic development and strategic deployment of emerging leaders called to greater Kingdom impact. The intent is to develop deep rhythms of spiritual, relational, and ministry health. From a place of maturity and health vibrant and lasting ministry results. All of that is born out of healthy relationship. How then do we live life together?

### **HOW WE WALK TOGETHER**

#### Resident(s)

1. We will walk out life and practice together with a humble and teachable spirit.
2. We will commit to developing and practicing both a personal and spiritual development roadmap and pursue the engagement of those in authority over me to help shape it and see it realized.
3. We will submit to the process of development and embrace the rigors of relationship, ministry, work, and formation realizing that Jesus uses these features for growth and maturity.
4. We will engage those who bring leading over us as we seek out the strategy of deployment.

#### GHE

1. We will commit to walk out life and practice together with a gentle spirit.
2. We will create an environment that promotes safety and growth for those under our leadership.
3. We will use all at our disposal to see the emerging leader discover, develop, and deploy into the fullness of what Christ wants them to become and do.

### **OUR POSTURE TOWARD ONE ANOTHER**

As people reconciled to God by the death and resurrection of Jesus Christ, we believe that we are called to live together, treat one another, and respond to conflict in ways that are remarkably different from the ways the world does the same. In all dealings with one another, our goal is to glorify God - allowing Scripture (especially Colossians 3:12-17 and I Thessalonians 5:12-26) to guide our thoughts, attitudes, and actions. To this end we commit to a life together in which...

1. We maintain a posture of openness and humility toward one another, giving one another the benefit of the doubt, always seeking to build each other up and not tear down. To this end:
  - We make positive investments in one another's lives.
  - We seek to communicate clearly and completely, listening charitably and sharing honestly, without assumption and gossip.
2. We honor and support the role of leadership over us always seeking to discover what is best for our environment as a whole, not what may be best for any one individual or small group in the environment.

\*Scriptural References: Phil. 2:3-4; Col. 3:12-17; James 1:2-4,19; 1 Cor. 10:31-11:1; Luke 6:27-36; Gal. 5:19-26; Rom. 8:28-29; 1 Peter 3:10-17; John 13:34-35

## **HOW WE HANDLE CONFLICT**

---

1. We accept conflict as a normal and natural part of life in community. We understand conflict as an opportunity to grow in Christ and in healthy authentic relationships with one another. As a Christian Community we do not fear or ignore conflict, but with the help and guidance of the Holy Spirit, we work through conflict toward resolution.
2. We are self-reflective, confessing our sin to those we wrong. We will actively and graciously pursue genuine peace and authentic reconciliation, carefully using mediators when appropriate. We will seek just and mutually beneficial solutions to our differences.
3. With God's grace, we will apply these principles as a matter of stewardship, realizing that conflict is an opportunity, not an accident. We will pray that our life together - the way in which we treat one another and handle conflict - will bring praise to our Lord and lead others to know God.

\*Scriptural References: Matt. 5:9; Matt. 6:12; Matt. 18:15-20; Matt. 25:14-21; Gal. 6:1; Col. 3:13; Eph. 4:1-6, 31-32; Rom. 12:18; 1 Peter 2:19; 1 Peter 4:19

## **Commitment to Overarching Residency Guidelines:**

### **Relational Roadmap:**

- 1) How will the Resident connect with the GHE Coordinator (nature of the relationship, how often will you get together, nature of the time together)?
- 2) How will the Resident connect with the CRT Coach/District Leadership (nature of the relationship, how often will you get together, nature of the time together)?
- 3) Who are the others with whom the Resident needs to connect regularly? How and when will that happen?

### **Experiential Roadmap:**

- 1) Roles and Responsibilities of the Resident in the GHE:
  - a) How much time is to be invested in the GHE (Part-time or Full-time)?
  - b) How is that time to be utilized (Developmental, Relational, Ministerial, Practical [i.e. day off for the Resident])?

- c) What will the Resident be responsible for?
  - d) What role will a spouse play (if applicable)?
- 2) How will the Resident gain exposure to the full experience of a GHE? (Tactical specifics will be developed later)

**Cognitive Roadmap:** (this will be personalized as the residency moves along; however, at this point, answers should be given according to overarching desires for the Resident)

- 1) How much time will be devoted to cognitive learning?
- 2) What further assessments need to be done? When?
- 3) What books need to be read? What is the reading schedule?
- 4) What seminars/conferences need to be attended? When?
- 5) What other cognitive exercises and work needs to be done?
- 6) Is formal Bible/Theology/Ministry Education needed?
- 7) What C&MA licensing process requirements (if any) need to be met?

**Support for the Resident:**

- 1) How will financial support be provided for the Resident?
  - a) Will the GHE give a salary?
  - b) Will the District/CRT give subsidy?
  - c) Will C&MA National Office grant money be given?
  - d) Will some income come from bi-vocational employment? (We strongly encourage this as a valuable development aspect.)
  - e) Are there other entrepreneurial efforts the Resident needs to start?
  - f) How will the Resident raise supplemental support?
- 2) How will housing be provided?
- 3) How will health insurance be provided?

**Evaluation and Reporting**

Both the GHE and the Resident commit to being intentional regarding ongoing evaluation and assessment based on the desired developmental outcomes. The GHE experience will be adjusted as needed according to the evaluations. Reporting will be done between the Resident and the GHE Coordinator and from the GHE Coordinator to the CRT Coach. Reporting and evaluation guidelines are describe in the Field Guide.