

# ***Small Group Leadership Application***

## **General Information**

Date of Anticipated New Small Group Leader Training \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age: 18-25\_\_\_\_ 26-35\_\_\_\_ 36-45\_\_\_\_ 46-59\_\_\_\_ 60+\_\_\_\_ Professional Vocation\_\_\_\_\_

Years Attended LCC: 0-6 Mos\_\_\_\_ 6 Mos - 11/2 Yr \_\_\_\_ 11/2 - 3 Yr \_\_\_\_ 3-5 Yr \_\_\_\_ 5+ Yr\_\_\_\_

Why do you feel led to lead a Small Group?

What past experiences have you had in Small Groups?

What are some of the areas you are currently involved in at LCC?

## **Spiritual Formation Information**

What is one way that you have encountered Christ in the last week?

What is one of your favorite Bible passages? What makes this one a favorite?

What do you believe to be your top three strengths and spiritual gifts?

## **Small Group Information**

What are three things that you would like to see happen in your small group?

How do you plan to recruit members for your Small Group?

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What day and time would you like your small group to meet? \_\_\_\_\_

How long do you plan for your Small Group to meet (6 weeks, one year, till the end of the book)?

What curriculum would you like to use for your small group (Sermon-Based, Discovery)?

Where are you planning to meet with your small group (home, LCC, coffee house)?

What type of Small Group do you hope to lead (Singles, Couples, Men, Women)?

Is there anyone who will be leading this group with you?

## Personal References

*Please provide us with at least 2 of the following:*

1. Staff member or volunteer leader who you have worked with or know well:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. LCC Member who knows you well (and is not related to you):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

3. Small Group Leader that has led with you or had you as a member:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

4. Small Group Member that has been with you in a Small Group:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

5. A member of another church that has worked with you in leadership (a board, small group)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Contact Information

If you have any questions and/or comments, please contact:

Gwendolyn Labovitch

Coordinator of Adult Learning

1701 8th Street S.W., Altoona, IA 50009

515-967-4818      515-664-7119 (cell)

Please put completed form in member box # 560 or mail this application to Gwen.