

SMALL GROUP LEADERS APPLICATION



The following questions are designed to give us information that will help us to ensure your success as a Small Group Leader at Temple Church and some questions are intended to get to know you a bit more. We look forward to partnering with you!

PERSONAL DATA

Date _____ Age ____ DOB _____ (month/day/year)
Name _____ ☐ Male ☐ Female
Address _____
City _____
Marital Status _____
Hm Phone _____ Mobile _____ Work _____
Email _____

CHURCH DATA

Are you a member of Temple Church? ☐ Yes ☐ No.

If not, are you in process of becoming a member? ☐ Yes ☐ No.

What classes have you taken? _____

Do you attend a Temple Church Small Group? ☐ Yes ☐ No. If so, how often? _____

For how long? _____ Leader's Name _____

Do you affirm the doctrinal beliefs and core values* of Temple Church? ☐ Yes ☐ No.

**TC Statement of Faith and values can be found at <http://temple.church/about/mission-beliefs/>*

TRAINING INFORMATION

Have you completed any Small Group Trainings? ☐ Yes ☐ No.

If yes, which training(s) and when? _____

Please list any other Church/Bible classes or ministry trainings you have completed: _____

Previous Ministry Experience _____

What do you see as your primary strengths, talents, and/or spiritual gifts? _____

YOUR NEW SMALL GROUP DETAILS

Will you also host your small group?

- ☐ Yes
- ☐ No, I cannot host the group.
- ☐ I can host it, but am open to having it hosted by someone else.
- ☐ I prefer to have my small group at Temple on Wednesday nights when child care is available.
- ☐ I prefer to have my small group on Sunday mornings when child care is available.

If you are not hosting, do you already have a host for your group?

- ☐ Yes, I have a host. ☐ No, I need a host.

If applicable:

Host's Name _____

Host's Email _____

Host's Neighborhood (Trent Woods, River Bend, Downtown, Havelock, Taberna, etc.) _____

Desired Day of Group

- ☐ Monday ☐ Friday
- ☐ Tuesday ☐ Saturday
- ☐ Wednesday ☐ Sunday Morning (at Temple)
- ☐ Wednesday Night (at Temple) ☐ Sunday
- ☐ Thursday

Desired Start Time _____ AM / PM Desired End Time _____ AM / PM

What is your desired small group start date ☐ January ☐ June ☐ September

What type of group would you like to lead (please choose one)

- ☐ Coed (all ages) ☐ Singles (20's-30's)
- ☐ Married Couples ☐ Singles (40's +)
- ☐ Young Marrieds (20's-30's) ☐ Other (please describe) _____

If you are hosting, how many people can comfortably fit in your small group? (In other words, what's your group "max?" _____

Will you allow children? ☐ Yes ☐ No Will you provide child care? ☐ Yes ☐ No

SPIRITUAL DATA

Tell us how you became a Christian:

Describe your spiritual relationship with God at the present time:

Additional comments or questions for the Small Group Staff?

Your Signature _____

Thank you for taking the time to complete this application. You can email your finished application to Darryl Radford: dradford@templeonline.net; or drop off at the leader training session. If you have any questions, please contact Darryl Radford at the email above.