

SMALL GROUPS AT SUMMITVIEW

Small Group Application 2014-2015



Contact Information

Name: _____

Phone: _____ Email: _____

Questions

Feel free to use back of page and/or a second page if you require more space for your answers.

1. Who is your small group called to reach together? (What is the sphere of influence to which your group called, together, to be missionaries?)
2. Who is the proposed leader(s)? (Often it is preferable to have two (2) leaders.)
3. Who is the primary contact? (Leave the contact information for the best way to reach this contact person, if different from above.)
4. Who, if any, are the proposed apprentice leader(s)? (These are the leaders in training to eventually lead their own group.)
5. Who are the potential small group members?
6. Which of these have confirmed that they will commit to this small group?
7. What is your proposed meeting schedule?
8. Where do you feel you need the most guidance to be successful?

A pastor will contact you within one (1) week of receiving this application to discuss the application, possible modifications, coaching arrangements and other potential members.